

MONTANA BOARD OF SANITARIANS CONTINUING EDUCATION REPORT FORM

NAME: _____ REGISTRATION NO. _____

ADDRESS: _____ TELEPHONE NO. _____

HOURS CREDIT: _____ DATE(S): _____

(Hours are counted as actual amount of time or contact hours spent in training.)

PROGRAM TITLE: _____

LOCATION: _____

BRIEF DESCRIPTION OF COURSE: _____

INSTRUCTOR SIGNATURE: _____

(OR Attach evidence of completion of correspondence course or other training)

15 HOURS OF CONTINUING EDUCATION ARE DUE EVERY ODD YEAR

For example, approved Continuing Education for the 2009 renewal period may be obtained from July 1, 2007 through June 30, 2009.

If you are selected to be audited for Continuing Education documentation, you will be notified before time of annual renewal. If you are selected, you will need to attach documentation of your Continuing Education hours to one or more forms and send it in to the MT Board of Sanitarians along with your renewal application.

THERE ARE NO CARRY OVER HOURS.

Please contact the MT Board of Sanitarians with any questions: 406-841-2334