

GEORGIA STATE BOARD OF HEARING AID DEALERS AND DISPENSERS
237 Coliseum Drive, Macon, GA 31217-3858
478-207-2440 Phone * 866-888-7127 Fax

Continuing Education Program * Application & Approval Form

THIS FORM MUST BE RECEIVED BY BOARD STAFF A MINIMUM OF 60 DAYS PRIOR TO THE ACTUAL PROGRAM DATES
OR IT WILL NOT BE REVIEWED BY THE BOARD

Sponsoring Group: _____

Program Title: _____

Date of Program: ____/____/____

Program Site: _____

Intended Audience: _____

Goals/Behavioral Objectives: _____

Program: (Attach promotional material and/or Program Outline and short vita for speakers):

Method of Instruction: _____

Course Description/Number of Proposed CE Hours:

Medical Area: _____

of Hours: _____ (BOARD USE ONLY: Approved: ____ Denied: ____)

GA Laws & Rules: _____

of Hours: _____ (BOARD USE ONLY: Approved: ____ Denied: ____)

Ethics: _____

of Hours: _____ (BOARD USE ONLY: Approved: ____ Denied: ____)

Patient Management: _____

of Hours: _____ (BOARD USE ONLY: Approved: ____ Denied: ____)

Product Specific: _____

of Hours: _____ (BOARD USE ONLY: Approved: ____ Denied: ____)

Practice Building: _____

of Hours: _____ (BOARD USE ONLY: Approved: ____ Denied: ____)

Evaluation Method: (Attach copy of instrument used) _____

Comments: _____

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Person completing this form: _____

Address: _____

Phone Number: () _____ - _____ E-Mail: _____

Date: ____/____/____ Total Hrs. Requested*: _____

*(*NOTE: The hours **MUST** be broken down into the categories specified in the Board rules in the spaces noted on page one of this application or the application will not be accepted for review by the Board).*

- The Sponsor of the continuing education hours approved by the Board is responsible for notifying all potential candidates of the number of hours approved and within which category they were approved for.
- In addition, the certificates of attendance should indicate the number of hours obtained in each category and the course name.

TO BE COMPLETED BY THE BOARD:

Date: ____/____/____

Approved by: _____ Program #: _____

Comments: _____

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