

NAME of LICENSEE (PLEASE PRINT): _____

GEORGIA STATE BOARD OF HEARING AID DEALERS AND DISPENSERS
237 COLISEUM DRIVE MACON, GA 31217-3858
(478) 207-2440 [TELEPHONE] * (866) 888-7127 [FAX] * www.sos.ga.gov/plb/hearingaid

LICENSE # _____

CONTINUING EDUCATION REPORT

AREA	ACTIVITY	SPONSORSHIP FULL NAME	LOCATION CITY/STATE	DATE/S MONTH/DAY/YEAR	NUMBER OF CLOCK HOURS /DAYS
I Medical Two (2) hours Minimum –MUST BE IN PERSON, NOT ONLINE Anatomy & Physiology Diseases of the Ear Disease Control Otoscopy					
II Jurisprudence Two (2) Hours Minimum Georgia Laws and Rules Ethics					
III Patient Management Two (2) Hours Minimum Testing Rehabilitation Counseling Impressions of the Ear					
IV Product Specific/ Practice Building					

Submit via Fax to 866-888-7127, e-mail attachment to ExamBoards-Healthcare@sos.state.ga.us, or by USPS to:
GA HADD, 237 Coliseum Drive, Macon, GA 31217-3858