

GEORGIA STATE BOARD OF HEARING AID DEALERS AND DISPENSERS  
237 Coliseum Drive, Macon, GA 31217-3858  
478-207-2440 Phone \* 866-888-7127 Fax  
[ExamBoards-Healthcare@sos.ga.gov](mailto:ExamBoards-Healthcare@sos.ga.gov) E-Mail

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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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.

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**TO BE COMPLETED BY THE BOARD:**

Date:     /     /

Approved by: \_\_\_\_\_ Program #: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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