

## Request for Continuing Education Approval

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Title of Course: \_\_\_\_\_

Location of Course: \_\_\_\_\_

Course Dates: \_\_\_\_\_

Course Instructor: \_\_\_\_\_

Number of Hours: \_\_\_\_\_ Has this course been approved by the NCBTMB: \_\_\_\_\_

Attach materials such as a program brochure or internet printout that provides a course description with instructor qualifications. If none is available, please describe course content and instructor qualifications here:

Return to:

Karen Wojahn

PO Box 218

Beach, ND 58621

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Office use only

\_\_\_\_\_ Course approved

\_\_\_\_\_ Course not approved