

## **BOARD OF HEARING INSTRUMENT DISPENSERS**

4815 West Markham Street, Slot 2 Little Rock, AR 72205 Office: (501) 661-2051 E-Mail: ar.hid.board@arkansas.gov

# CONTINUING EDUCATION APPROVAL REQUEST FORM

Please complete each section. Submit a \$3.00 fee, payable by check or money order, to the Arkansas Board of Hearing Instrument Dispensers, for each credit hour submitted and mail this completed form to the above address. It is recommended that all requests and fees be submitted ninety (90) days prior to the course date(s). The Board will give written notice of the approval or disapproval of the course. All CE courses taken for the purpose of annual license renewal hours must be pre-approved by the Board before such courses are taken by Arkansas licensees.

Name of Requesting Organization				Phone #	
Contact Name				Email Address	
Business Address	City	State	Zip	Fax #	
				ternet 🗌 In-person Class 🗆 Both	
Total Hours Requested			How is	s this class delivered?	
Course Name				Course Date(s)	

If course is to be offered on the internet, please provide the following information so the course may be located across common continuing education clearinghouse platforms.

### Unique Identifier or Course ID#

### Direct web link to course

In absence of direct link, please provide clear instructions below on how the course may be accessed.

Please provide details for each class included in the course (make copies of this form if needed). Make sure all blanks are filled. Do not enter "See Attached".

Class Title

Number of Hours Prev. class date(s), if applicable

Article VIII, Section 3 of Arkansas Board of Hearing Instrument Dispenser rules requires each licensee applying for renewal of his/her license shall furnish the following: (a) proof of attending, during the preceding year, a minimum of twelve (12) hours of Board-approved continuing education in the methods and techniques of testing and fitting hearing instruments. <u>Please describe how this class increases the licensee's knowledge related to the methods and techniques of testing and fitting hearing instruments.</u> (Please provide specific examples.)

## **Class Title**

Number of Hours Prev. class date(s), if applicable

### Presenter's Name & Title

Credentials

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