



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. Requests and fees must be submitted sixty (60) days prior to the course dates. The Board will give written notice of the approval or disapproval of the course.

Name of Requesting Organization _____
Phone #

Contact Name _____
Email Address

Business Address **City** **State** **Zip** _____
Fax #

Total Hours Requested

Course Name _____
Course Date(s)

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

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

Presenter's Name & Title _____
Credentials

Class Description Summary

How will this class enable the licensee to better serve the public's hearing healthcare?

Class Title

Number of Hours

Prev. class date(s), if applicable

Presenter's Name & Title

Credentials

Class Description Summary

How will this class enable the licensee to better serve the public's hearing healthcare?

Class Title

Number of Hours

Prev. class date(s), if applicable

Presenter's Name & Title

Credentials

Class Description Summary

How will this class enable the licensee to better serve the public's hearing healthcare?