



ARKANSAS BOARD OF HEARING INSTRUMENT DISPENSERS
CONTINUED EDUCATION UNITS PETITION FORM

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

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 your license renewal date and the event dates. The Board will give written notice of the approval or disapproval of the course. Please Note: Application for credit is not a guarantee of approval!

Please Print or Type

First Name: Middle Initial: Last Name:

Mailing Address:

City State: Zip:

Cell Phone: Work Phone: Fax:

Email Address License Number Expires

Title of the continuing education program being petitioned for acceptance as CEU credit:

Name of agency sponsoring event/program:

Name: Organization:

Title: Phone:

Type of Event: Webinar On-line Course Workshop Independent Study/Journal Article

Program Date(s): Program Location: City State

Brief description of program: Include a program brochure, handouts including a description and/or learning objective of the training/course with your application to demonstrate the expected benefits of the instruction and to give a brief description of learning outcomes.

If you were not provided learning objectives for the course, please provide at least 3 in the spaces below. If you were provided learning objectives list them here and highlight them in the brochure.

1.

2.

3.

Note: To get full CEU Credit, you must turn in proof of attendance or completion of class, course, certificate, letter from instructor, email, or something that demonstrates you attended and completed the event.