

N.C. State Hearing Aid Dealers and Fitters Board
Post Office Box 97833, Raleigh, NC 27624-7833

Application for Approval of a Program
for CEU accreditation

Application Fee: \$40.00 per Program

Note: Please review the most current Continuing Education Policy (available on our website at http://www.nchalb.org/education/CE_Policy.pdf) for instructions and explanations on submitting a program for CEU approval.

/	
Board Use Only	
Approve _____ / _____	Deny _____
Record Update : _____	
Payment: _____ # _____	

Program Sponsor:

Program Title:

Program Duration (days):

Y N Multiple Dates/Locations (if yes, attach a list)

If no, complete the following:

Starting Date:

Completion Date:

Physical Location:

Y N Overlapping Sessions

Y N Simultaneous Sessions

Repeated

Y N Sessions

Other CE Accreditation Agency/Organizations to which this program has been submitted for approval (list):

*Applicant's Name:

*Phone:

*Fax:

*E-mail Address:

*If you are the agent/representative for the program sponsor, your contact information (marked with an *) will be posted on our official website so that licensees may contact you directly with questions about the program.*

Y N Are you acting as the agent/representative for the program's sponsor?

If yes,

Y N (A) will you be assuming the responsibility for collecting and submitting all of the Reports of Program Attendance to the Board office AND

Y N (B) will you be paying the \$15.00 reporting fee per Report of Attendance submitted?

(C) describe below how attendance at each program session will be verified:

All information required for verification of attendance should be submitted within 45 calendar days following the completion of the program. If program date falls less than 45 days prior to the license renewal deadline, all information and payments must be RECEIVED by the Board office on or before April 1st of the calendar year for which annual license renewal is being sought by the program registrants.

A COPY OF THE PUBLISHED PROGRAM ANNOUNCEMENT AND A COPY OF THE TIME-ORDERED PROGRAM AGENDA MUST BE SUBMITTED WITH YOUR APPLICATION

FOR EACH SESSION IN THE PROGRAM, PROVIDE THE FOLLOWING INFORMATION

Using the reference number for each line, please provide a listing of the Education Objectives and Speakers for each Session

Ref #	SESSION TITLE	Category (1 or 2)	CEUs Requested	Date(s) and Starting/Ending Times(s)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Ref #	Session Speaker(s) / Presenter(s)	Educational Objective 1	Educational Objective 2	Presentation Format
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

If there are more than 10 sessions in the program, please copy this page and provide complete documentation for each session of the Program. The Ref # can be changed as needed for multi-page submissions.