

Kentucky Board of Hearing Instrument Specialists

P.O. Box 1360

Frankfort, Kentucky 40602

(502) 564-3296

Application for Continuing Education Program Approval

1. Sponsoring Agency: _____

2. Agency Contact Person: _____ Telephone: () _____

3. Address: _____

Street

City

State

Zip Code

4. Program Title: _____

5. Date(s) of Program: _____ Number of hours applying for: _____

6. Area of Content (*please check all that apply*):

Hearing Instrument Specialists

Audiology

7. ON A SEPARATE SHEET PLEASE FURNISH THE FOLLOWING INFORMATION:
(*Please be advised, applications received without the requested information will be returned*)

a published course or seminar description;

names and qualifications of the instructors;

a copy of the program indicating hours of education including coffee and lunch breaks.

8. Has this program been approved by another agency? If so, list agency: _____

BOARD RESPONSE:

APPROVED AS REQUESTED FOR _____ HOURS.

PARTIALLY APPROVED FOR _____ HOURS.

APPROVED FOR TWO HOURS IN A RELATED AREA.

NEED ADDITIONAL INFORMATION FOR REVIEW: _____

DENIED CONTINUING EDUCATION CREDIT. COMMENTS: _____

DATE REVIEWED: _____ BOARD MEMBER INITIAL: _____