MONTANA BOARD OF SANITARIANS
CONTINUING EDUCATION REPORT FORM

NAME: ___________________________ REGISTRATION NO. __________________

ADDRESS: _______________________ TELEPHONE NO. ______________________

________________________________________________________________________

HOURS CREDIT: ________________ DATE(S): ____________________________
(Hours are counted as actual amount of time or contact hours spent in training.)

PROGRAM TITLE: _______________________________________________________

LOCATION: ____________________________________________________________

BRIEF DESCRIPTION OF COURSE: _______________________________________

_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________

INSTRUCTOR SIGNATURE: _______________________________________________
(OR Attach evidence of completion of correspondence course or other training)

15 HOURS OF CONTINUING EDUCATION ARE DUE EVERY ODD YEAR

For example, approved Continuing Education for the 2009 renewal period may be
obtained from July 1, 2007 through June 30, 2009.

If you are selected to be audited for Continuing Education documentation, you will be
notified before time of annual renewal. If you are selected, you will need to attach
documentation of your Continuing Education hours to one or more forms and send it
in to the MT Board of Sanitarians along with your renewal application.

THERE ARE NO CARRY OVER HOURS.

Please contact the MT Board of Sanitarians with any questions: 406-841-2334