MONTANA DEPARTMENT OF LABOR & INDUSTRY / EMPLOYMENT RELATIONS DIVISION

CONTINUING EDUCATION COURSE SUBMISSION FORM
Complete a form and attach required materials for each course submitted for review.

Sponsoring Organization _____

Mailing Address _____

Phone Number (including area code) _____

Course Title _____

Proposed date(s) of offering _____

Designated contact person for this course _____ **Phone #** _____

Method of instruction: (check only one)

    classroom settings or seminars

    self-study

    electronic media

    correspondence

    teleconference

    computer-based training

(specify) _____

    remote training

Course length in hours _____

Attach the following material to each submission:

____ the course goals and objectives

____ a syllabus or course outline, including a
    summary of each course topic

____ method of administering examinations (if any)

____ a written explanation of test security measures (if any)

____ method of attendance verification

____ method of student record maintenance

____ a list of other states that have approved the course and the
    credits granted the course in those states (if any)

____ a list of instructors

I request that the Department of Labor & Industry / Employment Relations Division review the attached materials for certification and approval of continuing education credits. I certify that the information submitted regarding this course is true and correct. I understand that the Department of Labor & Industry / Employment Relations Division may request additional materials. I certify instructor qualifications, ARM 24.29.811-24.29.851, including the practical and academic experience as part of the course review and certification process of each faculty member is sufficient to teach the subject assigned; the course enhances the ability of a Workers Compensation Claims Examiner to provide services to the public effectively; and the subject matter relates to professional ethics, where practicable.

_____ _____ _____ _____
    Name (please print)   Signature   Title   Date

For Department Use

Course #_____   Date Approved _____

Credit Hours Approved _____   Date Disapproved _____

                                        _____
                                        Signature

<div align="center">

SUBMISSION REQUIREMENTS

</div>

Course Submissions

Requests for approval of courses **must be received** no less than 30 days prior to the starting date of the course.

Fees

There is a course submission fee of $75.00 for each course. Submission must be preceded or accompanied by any required fee for initial course review to be conducted by the Certification Program. Courses approved are valid for two (2) years from the date of approval.

Send the course submission and fees to:

Montana Department of Labor & Industry/Employment Relations Division

C/O Examiner Certification Program

P.O. Box 8011

Helena, Montana 59604-8011

Student Protection Policies

All student fees and fee refund policies must be disclosed to students before enrollment. If a course is canceled for any reason, all charges are refundable in full within 45 days, unless the refund policy is clearly defined in the enrollment application.

Each student who successfully completes a course must receive proof of course completion, including the Certification Program-assigned course approval number, from the sponsoring organization.

Our web site address is: http://erd.dli.mt.gov/examinercertification