

MONTANA DEPARTMENT OF LABOR & INDUSTRY/EMPLOYMENT STANDARDS DIVISION

CONTINUING EDUCATION COURSE SUBMISSION FORM

Complete the 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

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

Course length in hours _____

I request that the Department of Labor & Industry/Employment Standards 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 Standards Division may request additional materials.

Applicant Name (please print) _____

Applicant Signature _____

Title _____ Date _____

For Department Use :

Course # _____

Date Approved _____

Date Denied _____

Department Rep Signature _____

SUMBISSION INSTRUCTIONS

Please submit fully completed form along with supporting documentation by mail to:

**Department of Labor & Industry/Registration
Section PO Box 8011
Helena, MT 59604**

**or by email to:
Hiregistration@mt.gov**