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

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.

____ 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

_________________________  ______________  ______________________
Name (please print)                     Signature                              Date

For Department Use

Course # ________________________________ Date Approved ________________________________

Credit Hours Approved ____________________ Date Disapproved _____________________________

Signature

WC 4.1 Con. Ed. Course Submission Form  Revised 11/3/2009
SUBMISSION REQUIREMENTS

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](http://erd.dli.mt.gov/examinercertification)