CONTINUING EDUCATION APPROVAL REQUEST

DO NOT MARK IN THIS BOX

Reviewer
[ ] CC
[ ] MR
[ ] NF
[ ] KK

[ ] Disapproved

[ ] Approved

[ ] IA COURSE # ☐☐ ☐☐☐☐ ☐☐☐

HOURS: ☐☐ ☐

[ ] G [ ] chest [[ ] extremities [ ] spines [ ] other

[ ] TH [ ] NM [ ] Mammo [ ] Stereo

IOWA DEPARTMENT OF PUBLIC HEALTH
BUREAU OF RADIOLOGICAL HEALTH
LUCAS STATE OFFICE BLDG, 5TH FL
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Des Moines, IA 50319
(515) 281-0415
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Please Note Change in Attendance Record Requirement, #3F

PROGRAM TITLE:_____

***** INCLUDE BRIEF PROGRAM OUTLINE AND OBJECTIVES*****

Course Date:_____ **Time of Presentation:**_____ **Course Length:** _____**Hrs.**

Type of program: [ ] lecture [ ] self-study [ ] hands-on [ ] video [ ] audiotape [ ] discussion [ ] demonstration
[ ] website_____ **[ ] other** _____

Location (City and facility) (if applicable)_____

Instructor: _____

Title/position:_____

Business phone: _____ **Attach a brief resume of instructor.**

Has this program been submitted to other CE approval bodies such as ASRT or NMTCB? [ ] no [ ] yes. If yes, please include a copy of the approval which shows the number of hours approved or the disapproval which explains why the program was disapproved. Disapproval by another organization does not mean automatic disapproval by IDPH.

PERSON PREPARING REQUEST: _____

Address:_____ **Phone:** _____

City: _____**State:**_____ **Zip:**_____

Signature:_____ **Date:**_____

1. **Please submit approval request at least 30 days in advance if possible.**
2. **A letter of approval or disapproval will be forwarded to the person preparing the request.**
3. **Please submit both objectives and course outline.**
4. **If program is a seminar or conference, please submit program schedule showing subjects and time frame.**

Revised 07/2011

GUIDELINES FOR SPONSORS

These guidelines are for those individuals responsible for supervising continuing education programs and submitting proof of completion. These individuals are responsible for documenting attendee participation for possible verification at a later date.

Sponsor must:

1. **Monitor the program to assure that attendees are participating and do not leave for extended periods of time.**
2. **Report any non-participation to the IDPH in writing.**
3. **Submit a copy of the attendance record to IDPH within 30 days of the program. The record must include:**
   a. **Name of the program**
   b. **Name of the presenter**
   c. **Date of the presentation**
   d. **IDPH approval number**
   e. **Name of each attendee**
   f. ***<u>Complete SSN or IDPH permit # for each attendee (attendance records submitted without complete SSN or permit # will be given credit but not recorded)</u>***
   g. **Signature of the sponsor**
4. **Keep the original attendance record on file for 3 years.**