

NORTH DAKOTA BOARD OF CLINICAL LABORATORY PRACTICE

PO Box 4103, Bismarck, ND 58502-4103

Ph. 701-530-0199 www.ndclinlab.com ndbclp@aptnd.com

**APPLICATION FOR PROGRAM APPROVAL FOR
CLINICAL LABORATORY EXTERNAL EDUCATION CREDITS**

Program Title

Presenter

Qualifications of Presenter

Objectives of the Presentation:

Length of Presentation

Proposed Sites and Dates of Presentation:

Will the Presenter allow taping of the Presentation?

Sponsor's Name

Address

Contact Person _____ Phone _____

E-mail _____ Require an answer by _____

**Program sponsor must supply participants with Individual Continuing Education Certificates!*

-----Board use only below this line-----

Approval Granted _____ Program Number _____

Board Member or Liaison signature
