

NORTH DAKOTA BOARD OF CLINICAL LABORATORY PRACTICE
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**APPLICATION FOR PROGRAM APPROVAL FOR
CLINICAL LABORATORY 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 _____