



TEXAS DEPARTMENT OF LICENSING & REGULATION

Education & Examination • PO Box 12157 • Austin, Texas 78711 • (512) 463-6599 • Fax (512) 463-1512

CONTINUING EDUCATION PROGRAM COURSE APPROVAL FORM

HEARING INSTRUMENT FITTERS & DISPENSERS

(PLEASE TYPE OR PRINT LEGIBLY)

CE PROVIDER CONTACT INFORMATION		
CE PROVIDER NAME:		
CE PROVIDER LICENSE NUMBER:		
CONTACT PERSON:		
CONTACT MAILING ADDRESS:		
CONTACT CITY/STATE/ZIP:		
CONTACT PHONE NUMBER:		
WEBSITE ADDRESS:		
CONTACT EMAIL ADDRESS:		
COURSE INFORMATION		
COURSE TITLE:		
*Please submit course description(s), learning objectives, time agenda and bio of each instructor(s)		
TYPE OF CE:	MANUFACTURER <input type="checkbox"/>	Non-Manufacturer <input type="checkbox"/>
COURSE DATE OR DATE RANGE:		
COURSE ONLINE (YES OR NO):		
COURSE LOCATION(S)		
ADDRESS:		
CITY:	STATE:	ZIP CODE:
NUMBER OF HOURS REQUESTED:		
*ADDITIONAL PAGES MAY BE ATTACHED IF NEEDED.		
COURSES ARE APPROVED ANNUALLY		