

## Hearing Instrument Dispenser Continuing Education Reporting Form

## **Submitting this form**

Name:

Please upload your completed CE Reporting Form with your renewal application in the ICSD license renewal portal (https://icsd.web.health.state.mn.us/security/login.do). Your login information is provided on the renewal notice sent to you by email.

Do not submit certificates of course completion or transcripts unless MDH requests this information. Please retain your certificates of course completion or transcripts with a copy of this form for your records. Please note: Your continuing education report and contact hours must be in our office by December 1 of each year to avoid the \$200.00 CE penalty fee. This requirement does not apply to dispensers certified for less than one year.

## **Continuing Education Requirements**

Persons certified as a Hearing Instrument Dispenser must submit evidence of completion of 10 course hours of continuing education directly related to hearing instrument dispensing. Courses must be completed between the effective and expiration dates of the certification. Pursuant to Minnesota Statutes, Section 153A.15 and Section 153A.175(c), failure to comply with the continuing education requirements of Minnesota Statutes, Section 153A.14, subdivision 2i may result in a non-disciplinary penalty or be grounds for disciplinary action, including revocation or refusal to renew certification.

**Certification Number:** 

TITLE OF WORKSHOP, PRESENTATION, SEMINAR OR OTHER ACTIVITY	NAME OF CONTINUING EDUCATION PRESENTER ORGANIZATION	NUMBER OF CONTACT HOURS	DATE OF COURSE



TITLE OF WORKSHOP, PRESENTA' SEMINAR OR OTHER ACTIVIT	CONTINUING EDUCATION PRESENTER ORGANIZATION	NUMBER OF CONTACT HOURS	COURSE
I swear and affirm that the information number of contact hours indicated abor	of my knowledge, complete and accurat	e and that I did in fact atte	nd, for the
Circotura	Data Cignadi		

All pages must be signed and dated within 30 days of submission.

Minnesota Department of Health Health Regulation Division Health Occupations Program PO Box 64882 St. Paul, MN 55164-0882 Phone: 651-201-4200 Health.hid@state.mn.us

www.health.state.mn.us