

Michigan Department of Licensing and Regulatory Affairs
Bureau of Health Care Services
 P.O. Box 30670
 Lansing, MI 48909
 (517) 335-0918*
 www.michigan.gov/healthlicense

SCHEDULE AND GEOGRAPHIC LOCATION OF ADDITIONAL SESSIONS

Authority: Public Act 368 of 1978, as amended

This form is to be used ONLY for already approved programs to report additional sessions not scheduled on the original application. You may duplicate this form as needed.

SPONSOR NAME AND MAILING ADDRESS	CONTINUING EDUCATION PROGRAM TITLE		
	MICHIGAN APPROVAL NUMBER	CE CREDIT HOURS APPROVED:	

Please complete the entire application, as directed. "Days of Week" should be reported as "M, T, W, Th, F, S, Sun" .

Location: City/State/Zip Code	Faculty Name (if applicable)	Start Date	End Date	Days of Week	Start Time	End Time	Full Name of Faculty, if Different than initial application, please submit resume.

Have any of the following changed from the initial application? No (if "No", please sign and return.)
 Yes (If "yes", please check appropriate boxes below and provide an explanation and documentation.)

- Methods used to verify and monitor attendance? Explanation: _____
- Reporting of satisfactory completion? Explanation: _____
- Refund Policy? Explanation: _____

Signature: _____ Date: _____