

STATE OF MARYLAND
Board of Dietetic Practice
4201 Patterson Ave
Baltimore, MD 21215

(410) 764-4733

Fax (410) 358-1610

E-Mail marie.savage@maryland.gov

Application for Continuing Education Course Approval

Please Print or Type and Return to the Above Address.

Licensee Name: _____ License No. _____

Address: _____
City _____ Zip _____

Phone No: (Home) _____ (Work) _____

Name of Sponsoring Organization: _____

Title of Course: _____

Number of CEU hours requested: _____ Course Date(s) _____

Name and Address of person(s) to be contacted for course registration information:

Attendance verified by: Certificate, Letter, Other _____

Course Location: _____

Course objectives are: _____

If possible please attach a brochure, curriculum, announcement and outline of the course.

Method(s) that participant achievement of the objectives is assessed:

Name of course instructor(s): _____

Textbooks and/or equipment required: _____

If the course or seminar is approved by an association or another state's board please name:

Signature

Date