



ELECTROLOGY PRACTICE COMMITTEE

Updated April 5, 2017

APPLICATION FOR ELECTROLOGY (CEU) COURSE APPROVAL

Maryland License Number: _____

Last Name: _____ First _____ MI _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Registration Contact Information: For questions about this course, please contact the person below:

Contact Person's Name: _____ Phone: _____

Mailing Address: _____

Course Information:

Course Date: _____

Course Location: _____

Course Title: _____

Course Objectives: _____

Please include/attach the Brochure, Curriculum, Announcement, and Outline of the Course

Total number of clock-hours requested for attending this CEU Course: _____

Name of instructor or sponsoring organization: _____

Requirement For Maryland License Renewal: A certificate of attendance for any course taken must include your name, date, number of CEUs, and signature of the instructor or organization to be valid.