Board of Laser Safety

(For BLS Use Only)
BLS CM Number _____
Date Received _____

Application for Certification Maintenance Points

Description of Certification Maintenance:

Type of Activity: (Short Course, Publication, Attendance at Meeting, Committee Membership, etc.)

_____

Duration of Activity:

_____ Hours _____ Days

_____ Semester Hours Other (Describe) _____

Course Title or Activity: _____

Date of Course Activity: _____

Name and Address of Sponsoring Organization: _____

_____

Contact Person for Organization: _____

Phone & Email Address: _____

Please attach a description, agenda, and CV of any speaker or instructor of the course or activity to assist the BLS in its evaluation.

Requestor Information

Name and Address: _____

Phone & Email Address: _____

Signature of Requestor: _____ Date: _____

Purpose of Request for Certification Maintenance Points

☐ Individual Use by Requestor ☐ For all Individuals attending the activity

For BLS Use

Total Credits Awarded: _____

Add activity to pre-approved listing ☐ yes ☐ no

Basis for CM's: _____

Signature: _____ Date: _____