



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 _____ Semester Hours	_____ Days 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
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For BLS Use

Total Credits Awarded: _____
Add activity to pre-approved listing yes no
Basis for CM's: _____
Signature: _____ Date: _____