



Exam Preparation – Course Approval Application Form for the IBHRE Certification Program

Provider Name: _____
Street Address: _____ City _____ State/Province _____ Postal Code _____
Contact Name: _____ Contact E-mail: _____
Course Title: _____

Subject Area (Check all that Apply):
Cardiac EP, Cardiac Pacing, ICD Therapy, Applied Science, Pharmacology
Electrocardiography, Clinical Practice, Safety, Follow Up, Clinical Trials
Radiology, Cardiac Life Support, Cardiac Anat. & Phys., EP Lab Procedure, Invasive EP
Mapping Techniques, Conscious Sedation, Cardiac Ablation, Research Methodology
Method Type (Select One): Classroom, Self-Study, Online Course
How will this course be taught? (Select One)
Lecture, Workshop, Panel Discussion, Video/ Teleconference, Other

List the date, starting time and location of the first course presentation. Attach a separate sheet of paper if there is more than one date and location. ALL DATES AND LOCATIONS MUST BE LISTED.

Table with 2 columns: Date, Location Address. Starting Time, City, State, and Zip Code.

List the names(s) and credential(s) of the Instructor(s). Use a separate sheet of paper if needed.

List acceptable documents that will confirm a participant’s completion of this course (i.e. certificates, letters of completion etc.).

Attach a comprehensive course outline. Annotate the outline indicating for each section the number of minutes of instruction that will be offered (excluding all breaks and lunches). The total time of the class must be included in the outline.

I certify that the information on this form and all other supporting documentation accurately represents the course of instruction that will be offered. I agree to conduct this course in accordance with the specifications provided on this form.

Print or Type Name of Provider Representative Phone Number
Signature Date

Mail form to:
IBHRE
1400 K St NW Ste 500
Washington DC 20005
FAX: (202) 464-3401
Questions? Contact us at 202-464-3400 or ibhre@hrsonline.org

Office Use Only
Date Rec'd BOD Review
Hours Requested Hours Approved
Status Date of Approval