

AUDIOLOGY / SPEECH-LANGUAGE PATHOLOGY CONTINUING EDUCATION FORM

INSTRUCTIONS FOR COMPLETING AND SUBMITTING AUDIOLOGY/SPEECH-LANGUAGE PATHOLOGY CONTINUING EDUCATION FORM

1. Complete items in the space provided.
2. If coursework complies with pre-approved provisions of R9-16-207, complete 1,2,3,7 and 8.
3. If coursework does not comply with pre-approved provisions, complete this form in its entirety.

A.A.C. R9-16-207 require that all audiologist and speech-language pathologists submit a record of CEUs on the form provided by the Department. Your renewal application is not complete until this information has been submitted.

In accordance with A.A.C. R9-16-207(G), the Department shall approve a CE course if the Department determines that the CE course:

- 1. Is designed to provide current developments, skills, procedures, or treatment in diagnostic and therapeutic procedures in audiology or speech-language pathology;**
- 2. Is developed and presented by individuals knowledgeable and experienced in the subject area; and**
- 3. Contributes directly to the professional competence of a licensee.**

1.	Name:	License #	License Expiration:
Name of Business:			
Business Address:			
City:		State:	Zip Code:

2.	Program Sponsor:
Location:	
City:	State: Zip Code:

3.	Course(s) Attended:	# of CEUs

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4.	Course(s) Content:

5.	Educational Objective:

6.	Instructor(s) Education, Training and Experience:

7.	Total Number of CEUs:
8.	I certify under penalty of perjury that I attended all CE courses as listed and that all information on this CE form is complete and accurate.
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	Signature License # Date

DO NOT WRITE IN THIS AREA - OFFICE USE ONLY			
# of CEU Credits _____	Approved _____	Denied _____	Resubmit more information