

Application for Prior Approval of a Continuing Education Program/Activity

A printed or typed self-addressed stamped envelope must accompany this CE request form with one additional copy of the request.

Board Use Only	
Date Submitted: _____	Approved/Disapproved: _____
Date Mailed: _____	Processed By: _____
CEU: Speech: _____	Audiology _____
Hearing Aid Disp. _____	Related _____
Total: _____	

Directions:

This form should be completed for lectures, workshops, conferences, and in-service programs offered by hospitals, clinics, interest groups, and proprietary organizations desiring CE approval by the Maryland Board of Examiners for Audiologists, Hearing Aid Dispensers and Speech-Language Pathologists. Continuing education programs should concern the theory and/or practice of audiology, speech-language pathology, hearing aid dispensing or related areas.

Approval by the Board entitles the sponsor to publish a statement such as "This CE program has been approved by the Maryland Board of Examiners for Audiologists, Hearing Aid Dispensers and Speech-Language Pathologists. (1 CEU = 1 contact hour)".

Send the completed form along with one copy to the address above, attention Ms. Zoann Mouzone. Retain a copy for your files. Applications must be submitted at least 30 days in advance of the anticipated activity for prior approval. Questions may be submitted by phone at 410-764-4725, fax to 410-358-0273, or via TTY & Maryland Relay to 1-800-735-2258.

1. Name of Organization: _____

2. Address: _____

3. Telephone Number(s): _____

4. Form completed by: _____ Date: _____

Name

Title

5. Each program description should include the following information:

Sponsor: _____

Approval requested for: speech-language pathology

audiology

hearing aid dispensing

related areas

Instructor(s) where applicable

Name	Title/Degree	Place of Employment
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Topics: _____

Title: _____

Target Audience: _____

Objectives:

Date and time schedule _____ # of Hours (excluding lunch and breaks) _____

Location: _____

Participant's Registration Fee (If Any): _____

6. The provider of continuing education shall furnish a certificate of completion to all participants. The certificate shall include the:

- a. Name of provider;
- b. Name of participant;
- c. Description of program;
- d. Number of hours; and
- e. Date of completion.

If program is approved for continuing education, provider agrees to provide the above certificate of completion to all participants.

Signature of Provider _____ Representative Date _____

7. A copy of the evaluation form expected to be used by attendees shall be included.

8. Attach a copy of the program, timed agenda and/or pamphlet.