

APPLICATION FOR PRIOR APPROVAL OF A CONTINUING EDUCATION PROGRAM OR ACTIVITY

MARYLAND BOARD OF EXAMINERS FOR AUDIOLOGISTS, HEARING AID DISPENSERS AND SPEECH-LANGUAGE PATHOLOGISTS
4201 PATTERSON AVENUE * ROOM 317 * BALTIMORE, MD 21215-2299 * 410-764-4725

**A PRINTED OR TYPED SELF-ADDRESSED STAMPED
ENVELOPE MUST ACCOMPANY THIS CEU 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. Johnson. Retain a copy for your files. Applications should be submitted at least 30 days in advance of the anticipated activity for prior approval.

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

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Instructor(s) where applicable

Name _____ Title/Degree _____ Place of Employment _____

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
 - 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.