STATE BOARD OF EXAMINERS IN SPEECH-LANGUAGE AND HEARING
P O BOX 2649
HARRISBURG PA 17105
717-783-1389

st-speech@state.pa.us **Fax 717-787-7769** www.dos.state.pa.us/speech

Application for Approval of Continuing Education Courses and Programs

Standards for courses and programs

1. The board will not approve continuing education programs in office management or practice building.
2. One (1) credit hour equals 50-60 minutes of actual instruction, exclusive of coffee breaks, lunch, etc. Continuing Education Courses must be taken within the two-year renewal period for which they are approved (i.e. August 1, 2006- July 31, 2008).
3. Up to 10 clock hours of approved continuing education credit per biennial renewal period may be granted on a case-by-case basis for services as a lecturer or speaker, and for publication of articles, books and research relating to the practice of speech-language pathology, audiology or teacher of the hearing impaired. A licensee seeking continuing education credit, shall submit a written request with a copy of the lecture, presentation, article, book or research. The request shall be submitted 180 days prior to the expiration of the biennial renewal period for which the licensee is seeking credit (Section 45.501(b)).
4. All Sponsor/Provider approvals expire July 31st of each even numbered year. A separate application is required for each two-year renewal period.

Instructions:

1. The completed application must be submitted by an individual or sponsor/provider to the above address at least **90 days** [per Pa. Code § 45.505(b)(2)] before the date the course or program commences. In the case of an individual application, the program is only approved for the individual licensee. Board evaluation takes 45 to 90 days depending on volume.
2. The application must be printed or typed. All questions must be answered. The designated field of licensure should be listed after the instructor's name.
3. The following documents must accompany each application submitted:
    a. Course outline indicating the number of instructional clock hours, course objectives and the course evaluation form.
    b. Sample of the Certificate of Attendance that is to be issued to each person in attendance. The sample certificate must contain the name of the sponsor, title of the course, and spaces marked for each of the following: name of licensee, date of course, number of clock hours**, PA SP Board** approval number, and signature of the person authenticating attendance. If individual licensee is applying, licensee may insert "**PA SP** Board approval #_____" on the Certificate of Attendance. Home study and/or on-line courses must be marked accordingly.
    c. $40.00 check or money order payable to "Commonwealth of PA". Fees are not refundable and will not be waived. Failure to submit the fee will delay the application(s). A processing fee of $20.00 will be charged for a returned check or money order, regardless of the reason for non-payment.

Important Information:

If a course is going to be provided for other dates and locations than what has been requested on the application, you are required to submit a letter to the Board requesting approval. Failure to obtain approval for additional dates and locations could result in revocation of approval by the Board for further program offerings of that program.

It is mandatory that you issue all participants who hold a Pennsylvania license an attendance certificate. The certificate must contain the name of the sponsor, the name of the licensee, title of the course, date of the course, number of credit hours, Board approval number and signature of the person verifying attendance.

STATE BOARD OF EXAMINERS IN SPEECH-LANGUAGE HEARING

Regular Mailing Address
P O Box 2649
Harrisburg, PA 17105-2649

Phone: 717-783-1389
Fax: 717-787-7769

Courier Delivery Address
2601 North Third Street
Harrisburg, PA 17110

st-speech@state.pa.us
www.dos.state.pa.us/speech

APPLICATION FOR APPROVAL OF CONTINUING EDUCATION FOR AUDIOLOGISTS, SPEECH LANGUAGE PATHOLOGISTS AND TEACHERS OF THE HEARING IMPAIRED

Applicant is (please check one) ( ) Provider/Sponsor
( ) Individual- License number _____

Application fee- **$40.00** Make check or money order payable to Commonwealth of PA. Fee is non-refundable. A processing fee of $20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment.

The Provider/Sponsor must submit this application at least 90 days prior to the program. Please print or type. All lines must be completed- "see attached" is not acceptable. Applications are reviewed on a first come, first served basis.

1. Name and telephone number of person completing this application

_____
Last First Telephone number

2. Name of Sponsor_____

   Address of Sponsor_____
   Street City State Zip Code
3. Name of Instructor_____Title_____

   Degree_____ License # (if any) _____
4. Title of Course_____

   Location _____
5. Date of course_____ Specific Hours_____
   Month Day Year
6. Number of credit hours requested (actual instruction hours)_____
7. Home Study? ( )Yes ( )No On-line Course? ( ) Yes ( ) No

   Other: ( ) Please specify:_____
8. Describe your method of certifying participation.

_____

_____

9. Provide the name of the program coordinator who is responsible for certifying participation and compiling an official list of Pennsylvania licensees in attendance at the continuing education program.

Agreement

I understand the information in this application will be used by members of the State Board of Examiners in Speech-Language and Hearing. I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 Pa C.S. § 4911. I certify that the information provided herein is accurate, and if approved, agree to abide by the criteria and procedures set by the State Board for continuing education for Audiologists, Speech-Language Pathologists and Teachers of the Hearing Impaired and upon request will submit evaluation forms.

Signature of Applicant Date

**********BOARD USE ONLY**********

REFERENCE NUMBER _____ BOARD APPROVAL NUMBER_____

APPROVED [ ] DISAPPROVED [ ]

BY BOARD MEMBER _____

SIGNATURE DATE

REASON(S) FOR DISAPPROVAL

( ) Not 90 days prior to program (sponsor)
( ) No outline of courses
( ) No learning objectives
( ) Need broken into related topics
( ) No Sample Certificate of Attendance
( ) Not prior to program (licensee)
( ) No detail in courses
( ) Not related to Speech-Language Pathology
( ) Not related to Audiology
( ) Not related to Teach of the Hearing Impaired
( ) No specific course hours
( ) No goals listed
( ) Other _____