

**Application for Approval of a Continuing Education
Program for Individual Participation for Audiologists,
Hearing Aid Dispensers & Speech-
Language Pathologists**

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

This form must be completed by licensees seeking approval of a continuing education program from the Maryland Board of Examiners for Audiologists, Hearing Aid Dispensers and Speech-Language Pathologists. Continuing education programs must relate to the theory and/or practice of audiology, speech-language pathology, hearing aid dispensing or related areas. **Applications may not be submitted via fax.**

Applications may be submitted *no later than 30 days prior* to the program. Send the completed application to the address at the bottom of the application, attention Mrs. Oluremi Dean, and retain a copy for your files. You may also scan and email the application to oluremi.dean@maryland.gov. **You will receive a response via email.** **If a program is sponsored by ASHA, AAA, MSHA, MAA or IHS the program is automatically approved by the Maryland Board of Examiners for Audiologists, Hearing Aid Dispensers and Speech-Language Pathologists, and this form is not necessary.**

Please contact the Board via phone (410-764-4725), fax (410-358-0273), TTY & Maryland Relay at 1-800-735-2258 or web (health.maryland.gov/boardsahs) if you have any questions.

1. Licensee's Name: _____

2. Address: _____

3. Telephone Number: _____ Email: _____

4. Area of License: ☐ Audiology ☐ Speech-Language Pathology ☐ Dual License ☐ Hearing Aid Dispensing

5. License Number(s): _____

6. Nature of Professional Activity (e.g., workshop, scientific and educational meeting, study group, inservice program, seminar, conference)

7. Sponsored by: _____

8. Description of Activity: ☐ Audiology ☐ Speech-Language Pathology ☐ Hearing Aid Dispensing
OR ☐ Related Area

9. Date of Activity: _____

10. Location: _____

11. Duration of Activity (number of hours excluding lunch and breaks):

12. Attach a copy of the program which includes a time-ordered agenda and description of the program/course.

13. Attach the form used to evaluate the course.

Please Note: Approval of this application means that the program is approved for continuing education credit. It is **not** sufficient for verification of attendance at the program. The licensee is responsible for obtaining a certificate of completion of the program to verify the number of hours attended. The licensee must retain certificates of completion for at least four years after the date of renewal.

Mailing Address:

Board of Examiners for Audiologists, Hearing Aid Dispensers & Speech-Language Pathologists
4201 Patterson Avenue
Baltimore, MD 21215