Application for Prior Approval of a Continuing Education Program/Activity

This form must be completed by hospitals, clinics, interest groups, and proprietary organizations seeking approval of a continuing education program or activity by the Maryland Board of Examiners for Audiologists, Hearing Aid Dispensers and Speech-Language Pathologists for lectures, workshops, conferences, and in-service programs. Continuing education programs must relate to the theory and/or practice of audiology, speech-language pathology, hearing aid dispensing or related areas. **Of note:** CEU programs approved by ASHA, MSHA, IHS, AAA and MAA are automatically approved and do not need to be submitted to the Board.

Applications must be submitted at least 30 days prior to the program. Untimely applications will not be approved. Send the completed application to the address above, 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.** Applications may not be sent via fax.

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)."

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. Name of Organization: ____________________________________________

2. Address: ____________________________________________________________

3. Telephone Number: ___________________________ Email: ________________________

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
Page 2

Instructor(s) (if applicable)

<table>
<thead>
<tr>
<th>Name</th>
<th>Title/Degree</th>
<th>Place of Employment</th>
</tr>
</thead>
</table>

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 the program is approved, the provider will provide the certificate of completion to all participants.

Signature of Provider Representative ____________________________ Date __________

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

8. Attach a copy of the evaluation form to be used by the attendees.

Rev. 10/2020