

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

**Application for Prior Approval of a Continuing Education Program/Activity**

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

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](mailto: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](http://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:
- |  |  |
|--|--|
| <input type="checkbox"/> speech-language pathology | <input type="checkbox"/> audiology     |
| <input type="checkbox"/> hearing aid dispensing    | <input type="checkbox"/> related areas |

Instructor(s) (if 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; 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.