Application for Prior Approval of a Continuing Education Program/Activity

A printed or typed self-addressed stamped envelope must accompany this CE request form with one additional copy of the request.

**Board Use Only**

<table>
<thead>
<tr>
<th>Date Submitted:</th>
<th>Approved/Disapproved:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Mailed:</td>
<td>Processed By:</td>
</tr>
<tr>
<td>CEU: Speech:</td>
<td>Audiology</td>
</tr>
<tr>
<td>Hearing Aid Disp.</td>
<td>Related</td>
</tr>
<tr>
<td>Total:</td>
<td></td>
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</tbody>
</table>

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. Zoann Mouzone. Retain a copy for your files. Applications must be submitted at least 30 days in advance of the anticipated activity for prior approval. Questions may be submitted by phone at 410-764-4725, fax to 410-358-0273, or via TTY & Maryland Relay to 1-800-735-2258.

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
Instructor(s) where 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 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.