CEU Prior Approval Form

SD Board of Examiners for Speech-Language Pathology

810 N. Main St. Suite #298 Spearfish, SD 57783 605-642-1600

For Board Use Only:				
Approved By:	Date Approved:			
Program Number:	Approved Contact Hours:			

- Complete the information below and return it to the board office along with an AGENDA or BROCHURE for the program you would like to get approved. Be sure the agenda or brochure contains a <u>time schedule</u> for the event so we can verify hours.
- 2. When calculating hours for approval <u>do not include registration or lunch or dinner breaks.</u> You may include a 15 minute break for every 4 hours of instruction.
- 3. Approved programs will be assigned a program number at the top of this form by the board office and you will receive a copy for your records. The approval form should be attached to your certificate of attendance and turned in with the rest of your CEU documentation when you send in your renewal application (the board office will only accept CEU's with your completed renewal application. Do not send them early or separate from your renewal paperwork as they will be discarded).
- 4. Mark Individual below if you are seeking approval of a program but are not the program sponsor (so you are not responsible for putting on the event).
- 5. If a program is sponsored by the American Speech-Language-Hearing-Association (ASHA) then you do not need to fill out this form. The SD Board of Examiners for Speech-Language Pathology will automatically approve continuing education provided by ASHA. You just need to send us your certificate of attendance with your renewal paperwork.
- 6. How to return this form:
 - a.) You can email the completed form to proflic@rushmore.com.
 - b.) You can fax the completed form to 605-722-1006. Please be sure to include a return fax number below.
 - c.) You can mail the form to the board address above. If you choose this option you must include a self-addressed stamped envelope so that we may return to you a copy of the approved form. Failure to include a self-addressed return envelope will mean the application cannot be processed.

Check One:	Individual	Sponsor Organization			
Contact Name:					
Organization (if a	oplicable):				
Mailing Address:_					
	(Street or PO Box)	(City)	(State)	(Zip)	
Phone Number (if questions): ()Fax Number: ()					
Type of Program:					
Conference Workshop Job Training Electronic/Internet Course					
Independent Study					
Program Title:					
Program Start Dat	rogram Start Date: End Date:				
Program Location	(City/State):				
Evaluation Metho	d:				