

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: _____

1. 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 **time schedule** for the event so we can verify hours.
2. When calculating hours for approval do not include registration or lunch or dinner breaks. 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 office@sdlicensing.com
 - b.) You can mail the form to the board address above.

Check One: Individual ☐ Sponsor Organization ☐

Contact Name: _____

Organization (if applicable): _____

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: _____

Presented By: _____

Program Start Date: _____ End Date: _____

Program Location (City/State): _____

Evaluation Method: _____

**** Number of contact hours of continuing education requested** _____

Please note that the number requested does not always equal the number approved. Please refer to the "Approved Contact Hours" field at the top of the form once the board has returned it to you.