

**Alabama Board of Examiners for
Speech-Language Pathology and Audiology**

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CONTINUING EDUCATION PRE-APPROVAL APPLICATION

- 1) Attach a brochure and/or a statement of applicability. Describe the continuing education activity; include a schedule of events that contains a listing of specific topics with presenters' names, presentation times, scheduled breaks and lunch times. (Break and lunch times cannot be counted as CE hours).
- 2) Submit pre-approval request at least thirty (30) days prior to proposed activity.

PRINT CLEARLY OR TYPE INFORMATION

NAME _____

ADDRESS: _____

PHONE: Day: _____ Evening: _____

DATE OF ACTIVITY: _____ TIME: From: _____ To: _____

NAME OF ACTIVITY: _____

SPONSOR OF ACTIVITY: _____

NUMBER OF C.E. HOURS REQUESTED: Type I _____ Type II _____

Please indicate on the program if a session counts as Type I (Content Area) or Type II (Related Area)

SIGNATURE: _____

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Number of clock hours approved: _____

Type of Activity: _____ Type I (Content Area) _____ Type II (Related Area)

Not approved _____ Approved _____ CEH _____

COMMENTS: _____

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