Wisconsin Department of Safety and Professional Services

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HEARING & SPEECH EXAMINING BOARD

CONTINUING EDUCATION APPROVAL REQUEST FORM

Sponsoring Entity/Organization Name and Address: _____

_____

_____

_____

Contact Person and Telephone Number: _____

( ) _____ - _____

Continuing Education Type: _____ Audiology _____ Hearing Instrument Specialist
(please indicate) _____ Speech-Language Pathology

Relevance to practice: _____

_____

Please ATTACH all of the following with this form: Brochure, Course Outline, Instructor(s)/Lecturer(s) Background and Qualifications

Instructor(s)/Lecturer(s): _____

_____

Course Title(s): _____

Course Method: _____ Lectures _____ Home-Study _____ Self-Study _____ Computer
(please indicate) _____ Televideo _____ Other_____

Course Objectives: _____

_____

Number of Continuing Education hours requested: _____

Location(s): _____

_____

_____

Date(s): _____

Name of Attendance Officer: _____

Method of attendance verification: _____

_____ COURSE APPROVED for _____ number of hours _____ Course Not Approved

_____ _____
Board Member Date

#2440 (Rev. 8/11)
Ch. 459, Stats.