



**KENTUCKY BOARD OF SPEECH-LANGUAGE  
PATHOLOGY AND AUDIOLOGY  
COMMONWEALTH OF KENTUCKY  
PO BOX 1360  
FRANKFORT, KY 40602  
<http://www.slp.ky.gov>**

**APPLICATION FOR CONTINUING EDUCATION PROGRAM APPROVAL**

1. Sponsoring Agency: \_\_\_\_\_

2. Contact Person \_\_\_\_\_ Telephone: (    )    -  
Email Address: \_\_\_\_\_

3. Contact Person's Address: \_\_\_\_\_  
Street

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

4. Program Title: \_\_\_\_\_

5. Date(s) of Program: \_\_\_\_\_ Number of hours applying for: \_\_\_\_\_

6. Area of Content *(Please check all that apply)*

- Speech-Language Pathology
- Audiology
- Speech-Language Pathology Assistant

7. ON A SEPARATE SHEET PLEASE FURNISH THE FOLLOWING INFORMATION:  
*(Please be advised, applications received without the requested information will be returned)*

- a published course or seminar description;
- names and qualifications of the instructor(s);
- a copy of the program indicating hours of education including coffee and lunch breaks.

8. Has this program been approved by another agency? If so, list agency: \_\_\_\_\_  
\_\_\_\_\_

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**Board Response:**

- Approved as Requested for \_\_\_\_\_ hours.
- Partially approved for \_\_\_\_\_ hours.
- Approved for two hours in a related area.
- Need additional information for review \_\_\_\_\_
- Denied continuing education credit. Comments: \_\_\_\_\_  
\_\_\_\_\_

Date Reviewed: \_\_\_\_\_ Board Member Initial: \_\_\_\_\_