Kentucky Board of Speech-Language Pathology and Audiology
Public Protection Cabinet – Department of Professional Licensing
P.O. Box 1360, Frankfort, Kentucky 40602
500 Mero Street Frankfort, Kentucky 40601 (Overnight Delivery Only)
Phone: (502) 782.8801 | Fax: (502) 564.4818 | SLP.ky.gov | slpa@ky.gov

APPLICATION FOR CONTINUING EDUCATION PROGRAM APPROVAL

Sponsoring Agency/Individual: _____

Email Address: _____ Telephone Number: _____

Business Address: Street _____ City: _____ State: _____ Zip Code: _____

Program Title: _____

Date(s) of Program: _____ Number of CEU credits requested: _____

Area of Content (Please check all that apply):

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

ON A SEPARATE SHEET PLEASE FURNISH THE FOLLOWING INFORMATION: (Please be advised, applications received without the requested information will not be processed.)

- A published course or seminar description, including course learning objectives;
- Names and qualifications of all instructors;
- A copy of the program agenda indicating hours of education, registration, and coffee and lunch breaks
- A copy of the certificate of completion.

Has this program been approved by another agency? If so, list agency: _____

By signing this application, I hereby certify that the information is complete and true to the best of my knowledge.

Signature: _____ Date: _____

Printed Name: _____

DPL-SLPA-12
Rev. July 2026
KRS 334A.170(4)
201 KAR 17.030, 17:090

********** **FOR BOARD USE ONLY**********

CEUs approved as requested.

Partially approved for _____ hours.

Approved for _____ CEUs as a related area.

Need additional information for review. _____

_____

Denied continuing education credit. Comments: _____

_____

Date Reviewed: _____ **Board Member Initials**: _____

Full Name of Board Member: _____