

SUMMARY OF MATERIALS INCORPORATED BY REFERENCE
201 KAR 17:090

There are currently no materials incorporated by reference.

SUMMARY OF CHANGES TO MATERIALS INCORPORATED BY REFERENCE 201
KAR 17:090

(1) The following material is incorporated by reference:

(a) "Application for Continuing Education Program Approval", form DPL-SLPA-12, July 2026, consisting of one (1) page, is the form created for application for CEU program approval by the board, and is incorporated by reference.



Kentucky Board of Speech-Language Pathology and Audiology

Public Protection Cabinet – Department of Professional Licensing

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500 Mero Street Frankfort, Kentucky 40601 (Overnight Delivery Only)

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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: _____

***** 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: _____