CONTINUING EDUCATION REQUEST FORM

If the workshop you plan to attend is already on the list of approved continuing education, you do not need to request it. The list is posted on our website (ndsbe.com).

Date of Request: ___________________ Person Requesting Approval: ____________________________________________

Workshop Title: ____________________________________________

Presenter: ____________________________________________

Presenter's Credentials: ____________________________________________

Location (city, state): ___________________ Date(s) of Workshop: ______________________

Hours of Direct Instruction (excluding registration, breaks, meals, etc.): ______________________

Purpose of Workshop: ____________________________________________

Intended Audience: ____________________________________________

How does this workshop improve competency in SLP or AUD? ____________________________________________

Total Seats Available: ___________________ Seats Open to the Public: ______________________

Please attach a brochure describing the course/workshop to this form and send it to the Board's address below. Thank you.

Your Phone Numbers: ___________________ Daytime: ___________________ Home: ___________________

Your E-mail Address: ____________________________________________

Your Mailing Address: ____________________________________________

Send to: Beverly Solseng
Executive Secretary, NDSBE
PO Box 5143
Grand Forks, ND 58206-5143
Phone: (701) 775-7165 or Fax: (701) 746-9620 or E-mail: beverlysolseng@gmail.com

FOR BOARD USE ONLY:

Date of Decision: ___________________ Decided By: ___________________

IF APPROVED ( ): Date Notified: ___________________ Number of Hours Approved: __________________

IF NOT APPROVED ( ): Date Notified: ___________________ Reason: __________________

Person Notifying: ___________________ via Phone Voice Mail Fax Letter E-Mail

Revised January 2014