

**APPLICATION TO THE
NORTH DAKOTA STATE BOARD OF EXAMINERS
ON AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY
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: Executive Secretary, NDSBE
PO Box 1338
Bismarck ND 58502
or E-mail: ndsbe.executivesecretary@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