

**Alabama Board of Examiners for  
Speech-Language Pathology and Audiology**

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**CONTINUING EDUCATION PRE-APPROVAL APPLICATION**

- 1) Attach a brochure and/or a statement of applicability. Describe the continuing education activity; include a schedule of events that contains a listing of specific topics with presenters' names, presentation times, scheduled breaks and lunch times. (Break and lunch times cannot be counted as CE hours).
- 2) Submit pre-approval request at least thirty (30) days prior to proposed activity.

**PRINT CLEARLY OR TYPE INFORMATION**

NAME \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

DATE OF ACTIVITY: \_\_\_\_\_ TIME: From: \_\_\_\_\_ To: \_\_\_\_\_

NAME OF ACTIVITY: \_\_\_\_\_

SPONSOR OF ACTIVITY: \_\_\_\_\_

NUMBER OF C.E. HOURS REQUESTED: Type I \_\_\_\_\_ Type II \_\_\_\_\_

Please indicate on the program if a session counts as Type I (Content Area) or Type II (Related Area)

SIGNATURE: \_\_\_\_\_

**FOR ABESPA USE ONLY**

Number of clock hours via sponsor: \_\_\_\_\_

Type of Activity: \_\_\_\_\_ Type I (Content Area) \_\_\_\_\_ Type II (Related Area)

Not approved \_\_\_\_\_ Approved \_\_\_\_\_ CEH \_\_\_\_\_

COMMENTS: \_\_\_\_\_

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