

**REPORT OF CONTINUING PROFESSIONAL EDUCATION
FOR SLP ASSISTANTS**
BOARD OF EXAMINERS IN SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY
101 East Capitol, Suite 211
LITTLE ROCK, AR 72201
(501) 682-9180-Phone (501)682-9181-Fax
abespa@ipa.net

PERIOD COVERING: _____ THROUGH _____

Please review the following:

1. The report of continuing professional education (CPE) activities should reflect at least one hour for every month of registration (max. of 10 hours per fiscal year).
2. Renewal will not be processed until a continuing education report is received and approved.
3. The report must be postmarked or faxed by June 30.
3. Use exact course titles, dates, sponsors, and hours attended.
4. You are required to keep accurate and up-to-date records of all continuing professional education (CPE) activities attended, in case of audit by the Board.
5. Retain a copy of this report for your personal records and return original report to the Board.

Type or print all information legibly and sign the certification statement.

I certify this report to be an accurate account of my attendance and participation in Continuing Professional Education.

SIGNATURE: X _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE (incl. area code): _____
(Office) (Home)

Registration # _____ Supervisor's Name & License #: _____

ACTIVITY TITLE:	# HOURS	*TYPE ACTIVITY	DATE	**Content Area I or II
TOTAL				

* Live Seminar, Interactive On-line Activity or Video, Teleconference, College Course, Self Study
 (If Self-Study, Complete Appendix B and attach) **See Rules and Regulations eff. 4/19/02, Section 9

FOR BOARD USE ONLY:
