

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

PERIOD COVERING: \_\_\_\_\_ THROUGH \_\_\_\_\_

**Please review the following:**

1. SLP's or audiologists must submit a report of 10 clock hours with at least 5 hours in Content Area I); dually-licensed practitioners must submit 15 clock hours with at least 5 hours in each discipline from Content Area I.
2. The report must be postmarked or faxed by June 30.
3. Renewal licenses will not be processed until a continuing education report is received and approved.
4. Your report must list exact course titles, dates, type activity, content area, and hours attended.
5. Licensees are required to keep documentation of all continuing professional education (CPE) activities attended, in case of audit by the Board.
6. Retain a copy of this report for your personal records and return the original 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 for the period stated above.

SIGNATURE: **X** \_\_\_\_\_

NAME: \_\_\_\_\_ License # \_\_\_\_\_

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

CITY: \_\_\_\_\_, STATE: \_\_\_\_\_, ZIP: \_\_\_\_\_ Speech Pathology

TELEPHONE: \_\_\_\_\_ (Office) \_\_\_\_\_ (Home) Dual license

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

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

For Board Use Only: \_\_\_\_\_