



**COMMONWEALTH OF VIRGINIA**  
**Department of Health Professions**  
**Board of Audiology and Speech Language Pathology**

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## **Application for Approval as a Continuing Education Sponsor**

**Applicant – please provide the information requested below (print or type). Use full name not initials.**

Name of Continuing Education Sponsor				
Address of Record (Mailing Address)	City	State	ZIP Code	Telephone No.
Publicly Disclosable Address	City	State	Zip Code	Telephone No.
<b>ADDRESS:</b> Virginia law allows persons regulated by boards within the Department of Health Professions to provide an alternative address for public disclosure if they want their address of record to remain confidential, used only for agency purposes. Health professionals may choose to provide a work address, a post office box, or a home address as the public address. If an alternative public address is not provided, the address of record will also be used as the public address and may be disclosed if specifically requested. Addresses of individuals <b><u>are not posted</u></b> on the "License Lookup" program available through the board's website.				
Location where required records will be maintained for four years		E-mail Address		
Street Address	City	State	Zip Code	
Name of Person Responsible for CE Programs		Title of Person Responsible for CE Programs		

**Please complete the following list and label any requested attachments as indicated on this form.**

1. Are you accredited or approved by any other group or agency? If yes, attach documentation. ☐ Yes ☐ No
2. Have you been approved as a CE sponsor by any other state board of audiology and speech-language pathology? If yes, attach a list showing each state where approved and supporting documentation indicating approval. ☐ Yes ☐ No
3. Are your CE programs to be offered as part of another event such as a convention, dinner meeting, etc.? ☐ Yes ☐ No
- If yes, please attach a description of the setting and context for the program(s).

**APPLICANTS DO NOT USE SPACES BELOW THIS LINE – FOR OFFICE USE ONLY**

APPLICANT #	FEE	RECEIPT #	LICENSE #	ISSUE DATE
Date to Committee	Committee Members		Approved	Denied
Signature				

## **Check List for Application Package**

- ☐ Application for Approval
- ☐ Sample CE Program Attachments (must provide data on the Continuing Education program that fulfills the requirements outlined in 18VAC30-20-300 of the regulations)
- ☐ Program Description (include an outline or syllabus of the program)
- ☐ Copies of Supportive Materials
- ☐ List of Educational Objectives for Program Related to Professional Practice of Audiology and Speech-Language Pathology
- ☐ Presenter's Vitae or Resume
- ☐ Evaluation Forms to be Used with Program (consumer satisfaction forms, pre-test/post-test forms, etc.)
- ☐ Sample Certificate of Completion for CE Program
- ☐ Advertising Brochure for Program
- ☐ Enclose a fee of \$200.00 made payable to the "Treasurer of Virginia"

### **Please read and sign the following statement:**

I (we) agree that if I (we) am (are) approved as a Continuing Competency sponsor, an authorized agent of the Board will be allowed to conduct on site monitoring of my (our) program(s) without payment of registration fees. I (we) further agree to provide the Board, upon request any time within four years of the program date, documentation of program content, names of participants, and hours awarded.

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Printed Name of Person Responsible for  
Applicant's CE Programs

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Signature

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Title

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Date

The Board will notify the applicant of receipt of application, approval or disapproval as a CE Sponsor via e-mail notification.

**Fees – All fees submitted as part of the application process shall not be refunded.**