

Department of Health Professions  
**Board of Audiology and Speech-Language Pathology**  
 Continuing Education

Name of Licensee \_\_\_\_\_

License Number \_\_\_\_\_

DATE	BRIEF TITLE OF COURSE	APPROVED SPONSOR Reference 18VAC30-20-300 of the Regulations	TYPE 1 # of hours	TYPE 2 # of hours	DHP USE
TOTAL HOURS					