



CANNON BUILDING
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STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION

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DELAWARE BOARD OF SPEECH/LANGUAGE PATHOLOGY, AUDIOLOGY, & HEARING AID DISPENSERS

REQUEST FOR APPROVAL OF CONTINUING EDUCATION CREDIT

LICENSEE INFORMATION (Complete this section only if licensee is submitting form.)

Name: _____

Delaware License # _____

Home Address: _____

Daytime Phone: _____ Email: _____

Specialty: (check your specialty) SLP _____ AUD _____ HAD _____

SPONSOR/PRESENTER INFORMATION (To be completed by provider/licensee submitting course)

Sponsored By: _____

Contact Person: _____

Address: _____

Phone: _____ Email: _____

PROGRAM INFORMATION (To be completed by sponsor/licensee submitting course)

Program Title: _____

Program Dates: _____

Is proof of completion provided? (i.e., Certificate) Yes _____ No _____

Total Contact Hours Requested (Excluding Breaks) Clinical Skills _____ Professional Growth _____

Attach documentation:

- **Course objectives**
- **Presenter's credentials**
- **Detailed course schedule that shows breaks and meal periods**

No credit will be given for job-related duties in the workplace, (i.e., staff meetings, CPR & in-service training). No credit will be given for the program introduction, breaks or meals. If you have any questions, contact the Board office at (302) 744-4500.
