



Board of Examiners
For Speech-Language
Pathology & Audiology
(971) 673-0220
(971) 673-0226 fax
800 NE Oregon St
Ste 407
Portland OR 97232
www.bsqa.state.or.us

Application for Special Board Approval of Professional-Development Activity

For activities that do not conform to acceptable PD as described in OAR 335-070-0030, (1) through (9). Please review the rules prior to submitting this form to insure that the activity needs special approval.

Instructions:

Submitting this application for review:

- For activities intended only for **Speech-Language Pathologists and assistants**, this application needs to be mailed for review to:

PD: Speech Review
C/O C. Clupny
1465 NW 11th Street
Hermiston, OR 97838

- For activities intended only for **Audiologists**, this application needs to be mailed for review to:

PD: Audiology Review
C/O A. Metcalf
Audiology Associates
1849 NW Kearney, Suite 200
Portland, OR 97209

- For activities intended for **both Speech-Language Pathologists / assistants and Audiologists**, copies of this application need to go to both of the addresses above.

- Applications for PD approval can be submitted up to 60 days prior to the activity. A request made later than 30 days after a PD offering takes place is considered to be late. If a requestor wishes to have a late request for special Board approval considered, the requestor needs to pay the delinquent fee of \$50. Payment may be made by check only payable to "speech board". No late requests will be considered between November 1st of odd-numbered years and January 30 of even-numbered years.

- Any change in the instructor or presentation will require an additional application for approval.

- Submit only one application per activity.

- Incomplete applications will be returned.

- Retain a copy of this form for your records.

- After obtaining approval, the course director will issue a certificate of attendance to each licensee who attends the activity. The certificate will include the sponsor's name, the approval number given by this board, the activity's title, the name of the attendee, and the total number of professional development hours earned by the attendee. Attendees retain the certificates for their files.

Activity Intended for (check all that are appropriate):

- Speech-Language Pathologists & SLPAs SLPAs Only Audiologists

Do not mail/fax this application for review to the Board office. Look to the instructions to the left to determine where to mail the application.

Requestor Information

Name: _____ Contact Phone: _____

Mailing Address: _____

Email Address: _____

Activity Information (Use the back of this form to provide more details as necessary.)

Activity Title: _____

Presenter Name: _____ Contact Phone: _____

Contact name: _____ Phone: _____

Website: _____

Date(s): _____ Location (City & State): _____

Sponsor: _____

I have attached (all are required):

- Objectives Course Content Agenda Timeframe Instructor Qualifications
 If this activity does not directly relate to the clinical practice of slp/aud, please describe how this activity relates to your practice.

Professional Development Hours Being Requested: _____

Note: Approval shall not exceed actual clock hours of instruction. Clock hours are awarded in hour or half-hour increments only for actual professional development time. Individual sessions of 50 minutes of instruction will qualify for one hour, 25 minutes for one-half hour.

Board Office Use Only	
Reviewed by: _____	Date: _____
<input type="checkbox"/> Approved for: _____ Hours	
<input type="checkbox"/> Not Approved because: _____	
