

Wisconsin Department of Safety and Professional Services

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HEARING & SPEECH EXAMINING BOARD

CONTINUING EDUCATION APPROVAL REQUEST FORM

Sponsoring Entity/Organization Name and Address: _____

Contact Person and Telephone Number: _____
() _____ - _____

Continuing Education Type: _____ Audiology _____ Hearing Instrument Specialist
(Please indicate) _____ Speech-Language Pathology

Relevance to practice: _____

Please **ATTACH** all of the following with this form: **Brochure, Course Outline, Instructor(s)/Lecturer(s) Background and Qualifications**

Instructor(s)/Lecturer(s): _____

Course Title(s): _____

Course Method: _____ Lectures _____ Home-Study _____ Self-Study _____ Computer
(Please indicate) _____ Televideo _____ Other _____

Course Objectives: _____

Number of Continuing Education hours requested: _____

Location(s): _____

Date(s): _____

Name of Attendance Officer: _____

Method of attendance verification: _____

_____ COURSE APPROVED for _____ Number of Hours _____ Course Not Approved

Board Member Date