STATE BOARD OF EXAMINERS IN SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY

P O BOX 2649 HARRISBURG PA 17105 717-783-1389 Fax 717-787-7769

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Instructions for Individual Continuing Education Approval for Audiologists and Speech-Language Pathologists

Standards for courses and programs

- 1. The board will not approve continuing education programs in office management or practice building, as per Section 45.505(e)(4) of the regulations.
- 2. One (1) credit hour equals 50-60 minutes of actual instruction, exclusive of coffee breaks, lunch, etc. Continuing education courses must be taken within the two-year renewal period for which they are approved (i.e. August 1, 2020- July 31, 2022).

Individual Approval of a Course

Individual approval of a course is typically sought when a licensee is seeking continuing education hours for a lecture or conference where the sponsor has NOT requested approval or is not otherwise approved under Section 45.405(d) of the regulations (e.g. ASHA; AAA).

- 1. An application for individual approval of a course must be submitted at least **90 days** [per Pa. Code § 45.505(b)(2)] before the date the course or program commences. Board evaluation takes 45 to 90 days depending on volume.
- 2. The application must be printed or typed. All questions must be answered. The designated field of licensure should be listed after the instructor's name.

Approval for Other Authorized Continuing Education Activities

Licensees may earn continuing education hours for services as a lecturer or presenter, for publication of articles and books, and for conducting research relating to the practice of speech-language pathology or audiology. Up to 10 clock hours of approved continuing education credit per biennial renewal period may be granted on a case-by-case basis.

- 1. A licensee seeking continuing education credit for these activities shall submit a written request at least **180 days** prior to the expiration of the biennial renewal period for which the licensee is seeking credit (Section 45.501(b)).
- 2. The application must be printed or typed. All questions must be answered.

Helpful Hints for Writing Learning Objectives

Inclusion of learning objectives is required when applying for Continuing Education approval. Learning objectives establish the planned outcomes for attendees – what attendees will know or be able to do upon completion, and as a result of, the activity. In events with multiple sessions, each session should be connected to one or more objective. Whether in-person or on-line, the Board of Examiners encourages applicants for continuing education to use "best practices" when developing learning objectives for courses, conferences, and presentations.

Learning objectives focus on the learner, not the instructor.

Learning objectives use action verbs that describe observable behaviors. Examples: list, demonstrate, describe, discuss, explain.

Learning objectives have measurable outcomes that are quantifiable. Example: Name 3 effects of X; list 2 differences between Approach A and Approach B; describe 4 benefits of Y.

Helpful Hints for Writing Learning Objectives Continued

Learning objectives avoid the use of verbs that may describe beneficial outcomes but are not readily observable or measurable. Examples: appreciate, understand, know, learn.

Resources:

For more information on learning objectives:

From the American Speech-Language-Hearing Association: <u>Learner Outcome Guidelines (asha.org)</u>

From the American Psychological Association: Microsoft Word - writing learning objectives.doc (apadivisions.org)

From the University of Arkansas: <u>Using Bloom's Taxonomy to Write Effective Learning Objectives | Teaching Innovation and Pedagogical Support (uark.edu)</u>

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Courier Delivery Address

PA Dept of State, Bureau of Professional and Occupational Affairs Attn: State Board of Examiners in Speech-Language Pathology and Audiology 2 Technology Park Harrisburg, PA 17110-2919 st-speech@pa.gov www.dos.pa.gov/speech

APPLICATION FOR INDIVIDUAL CONTINUING EDUCATION APPROVAL FOR AUDIOLOGISTS AND SPEECH-LANGUAGE PATHOLOGISTS

- a. Submit a \$40.00 check or money order made payable to "Commonwealth of PA." <u>Application fees are not refundable</u>. If your application is not complete within one year from the date of submission, you will be required to submit another application fee. A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment. **Payment of an application processing fee does not guarantee approval.**
- b. Application deadlines:

Individual course approval - must be submit at least 90 days prior to the date of the program. **Individual seeking approval for a lecture, presentation, article, book or research** – must be submitted 180 days prior to the expiration of the biennial renewal period for which the licensee is seeking credit (Section 45.501(b)).

IT IS YOUR RESPONSIBILITY TO MAINTAIN A COPY OF THIS APPLICATION AND DOCUMENTS SUBMITTED TO OR RECEIVED FROM THE BOARD FOR YOUR FUTURE REFERENCE.

1.	Applicant Name:	
2.	Address:	
3.	E-Mail Address:	
4.	Applicant License Number:Telephone number: ()	
5.	Requesting approval for (check one): ☐ Individual Course (complete lines 7 – 10) ☐ Other activities (lecture, presentation, article, book, research) (complete lines 11-15)	
6.	Number of hours requested:	
7.	Name of course:	
8.	Date of course:	Month/Day/Year
9.	□ Live/In-Person: Address of course location	
	OR $\hfill\Box$ On-line: indicate whether $\hfill\Box$ asynchronous (pre-recorded) or $\hfill\Box$ Synchronous	
10.	Attach ALL of the following: Course objectives Course evaluation List of presenters Course outline indicating the number of instructional clock hours	

11. Name of provider	/sponsor of course:
Provider/Sponsor	address:
12. Published Article/	Book: Provide full bibliographic citation, including date of publication and link if available online.
	r: Provide the following for your presentation/lecture:
☐ Date d	
	ct/short description
	e objectives ordered agenda
	ruorou agoniu
	de a brief description of the research and your role. If university-based, include an IRB number nsor (e.g. NIH), if applicable. Include the start and end dates of the project.
Verification	
understand that false state to authorities and may res as supplied by the Depart criminal penalties for tamp information provided here	is in this application are true and correct to the best of my knowledge, information and belief. I ements are made subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification sult in the suspension or revocation of my approval. I verify that this form is in the original formal ment of State and has not been altered or otherwise modified in any way. I am aware of the pering with public records or information pursuant to 18 Pa. C.S. §4911. I certify that the in is accurate, and if approved, agree to abide by the criteria and procedures set by the PA State eech-Language Pathology and Audiology and upon request will submit evaluation forms.
Signature of licensee:	Date: