

**STATE BOARD OF EXAMINERS IN SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY**

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**Provider/Sponsor Application for Approval of Continuing Education  
Courses and Programs**

**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).
3. All Sponsor/Provider approvals expire July 31st of each even numbered year. A separate application is required for each two-year renewal period.

**Instructions:**

1. The completed application must be submitted by an individual or sponsor/provider to the above address 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.
3. The following documents must accompany each application submitted:
  - a. Course outline indicating the number of instructional clock hours, course objectives and the course evaluation form.
  - b. Sample of the Certificate of Attendance that is to be issued to each person in attendance. The sample certificate must contain the following:
    - The name of the sponsor
    - Title of the course
    - Spaces marked for each of the following:
      - name of licensee
      - date of course
      - number of clock hours
      - **PA SP Board** approval number
      - signature of the person authenticating attendance.
    - On-line courses must be indicated on the certificate.
  - c. \$40.00 check or money order payable to "Commonwealth of PA". Fees are not refundable and will not be waived. Failure to submit the fee will delay the application(s). A processing fee of \$20.00 will be charged for a returned check or money order, regardless of the reason for non-payment.

## IMPORTANT INFORMATION:

If a course is going to be provided for other dates and locations than what has been requested on the application, you are required to submit a letter to the Board requesting approval. Failure to obtain approval for additional dates and locations could result in revocation of approval by the Board for further program offerings of that program.

It is mandatory that you issue all participants who hold a Pennsylvania license an attendance certificate. The certificate must contain the name of the sponsor, the name of the licensee, title of the course, date of the course, number of credit hours, Board approval number and signature of the person verifying attendance.

If an instructor or an individual licensee is applying for individual continuing education approval, please refer to the Application for Individual Continuing Education Approval.

## HELPFUL HINTS FOR CERTIFYING PARTICIPATION

Below is a list of different ways of certifying participation:

- **On-line Platform:** some on-line platforms provide a record of individuals attending the course – i.e. when the individual signed in and when the individual closed the platform.
- **Content quiz:** a short quiz based on the course content.
- **Distribution codes:** distribution of a few “codes” during the webinar; individual would then need to provide the codes on their evaluation.
- **Attestation that the individual completed the course:** a signed statement that the individual completed the course in its entirety.

## 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.

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: [Learner Outcome Guidelines \(asha.org\)](http://asha.org)

From the American Psychological Association: [Microsoft Word - writing learning objectives.doc \(apadivisions.org\)](http://apadivisions.org)

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

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Regular Mailing Address  
P O Box 2649  
Harrisburg, PA 17105-2649

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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](mailto:st-speech@pa.gov)  
[www.dos.pa.gov/speech](http://www.dos.pa.gov/speech)

**PROVIDER/SPONSOR APPLICATION FOR APPROVAL OF CONTINUING EDUCATION FOR COURSES AND PROGRAMS FOR AUDIOLOGISTS AND SPEECH LANGUAGE PATHOLOGISTS**

Submit a \$40.00 check or money order made payable to "Commonwealth of PA." **Application fees are not refundable.** 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).**

**The Provider must submit this application at least 90 days prior to the date of the program.** The application must be **typed or printed legibly only.** All questions must be answered completely or the application may be denied; **"see attached" is not acceptable.**

**Please allow at least 30 days processing for Board review after a completed application has been received. Please note: During periods of high volume average processing times may be extended.**

**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. Name of person completing this application: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Telephone number: ( \_\_\_\_\_ ) \_\_\_\_\_

2. Name of provider/sponsor: \_\_\_\_\_

Address of provider/sponsor: \_\_\_\_\_

\_\_\_\_\_

3. Name of instructor: \_\_\_\_\_ Title \_\_\_\_\_

Degree \_\_\_\_\_ License # (if any) \_\_\_\_\_

4. Title of course/program \_\_\_\_\_

5. Location of course/program: \_\_\_\_\_

6. Number of hours requested: \_\_\_\_\_

7. Date of course: \_\_\_\_\_

Month/Day/Year

8.  Live/In-Person: Address of course location \_\_\_\_\_

OR  On-line: indicate whether  asynchronous (pre-recorded) or  Synchronous

9. Describe your method of certifying participation.

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10. Provide the name of the program coordinator who is responsible for certifying participation and compiling an official list of Pennsylvania licensees in attendance at the continuing education program.

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**Verification**

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of my approval. I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 Pa. C.S. §4911. I certify that the information provided herein is accurate, and if approved, agree to abide by the criteria and procedures set by the PA State Board of Examiners in Speech-Language Pathology and Audiology and upon request will submit evaluation forms.

Signature of provider: \_\_\_\_\_ Date: \_\_\_\_\_