

Health Occupations Program
 P.O. Box 64882
 Attn: Gloria Rudolph
 Saint Paul, MN 55164-0882
 Fax: 651-201-3839

**Minnesota Department of Health
 Health Occupations Program
 Speech-Language Pathologist and Audiologist Licensing
 Continuing Education Reporting Form**

For MDH Office use only

NAME: _____ LICENSE NO: _____
 CE REPORT DUE DATE: _____ DAYTIME TELEPHONE NO: _____
 PRACTICE AREA: _____ AUDIOLOGIST _____ SPEECH-LANGUAGE PATHOLOGIST _____ DUAL

Do you hold a current Minnesota teacher's (5 year) license with the Minnesota Board of Teaching? _____ Yes _____ No
 If yes, please attach *Affirmation of Speech-Language Pathologist with Minnesota Board of Teaching* form.

TITLE OF WORKSHOP, PRESENTATION, SEMINAR OR OTHER ACTIVITY	NAME OF PRESENTER, SPONSOR OR DESIGNEE*	ATTENDANCE DATE(S) (MM/DD/YY)**	CONTACT HOURS	DIRECTLY/ GENERALLY RELATED

(OVER)

The above information is true and correct to the best of my knowledge and belief:

Signature _____ Date signed _____
 (Must be signed and dated within 30 days of submitting)

* **Please do not send in certificates of attendance or course completion**, but keep them for your records in the event you are audited.
 ** Courses reported must have been attended between the effective and expiration dates of the license.

