

Speech-Language Pathologist and Audiologist Licensing Continuing Education Reporting Form

NAME: _____

LICENSE #: _____

Continuing Education (CE) REPORT DUE DATE: _____

DAYTIME PHONE #: _____

PRACTICE AREA: ____SPEECH-LANGUAGE PATHOLOGIST (SLP) ____AUDIOLOGIST (AUD) ____DUAL (SLP-AUD)

Do you hold a current Minnesota teaching license as an SLP with the **MN Professional Educator Licensing & Standards Board (PELSB)**? ____Yes ____No

If **yes**, are you reporting activities that meet PELSB CE requirements to meet MDH SLP CE requirements? ____Yes ____No

If **yes**, complete the *Affirmation of Speech-Language Pathologist Holding a MN PELSB License* form and attach it with the MDH CE Reporting form.

* 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. See your wallet card for effective dates, number of CE due, and CE due date.

*** Convert your CEU into Contact Hours. For example: 1 CEU = 10 contact hours (*CEU multiply by 10 = Contact Hours*).

**** MN Statute 148.5193, subdivision 1(b) requires a minimum of 30 contact hours of CE of which 20 contact hours of must be directly related and 10 contact hours may be in areas generally relate to the licensee's area of licensure.

NOTE: You may upload your CE reporting form online with your renewal application or you may choose to either mail, fax, scan or e-mail your CE reporting form to our office. You will need to keep a copy of your faxed confirmation page (if available) or sent e-mail for your records. All CE sent via e-mail will receive an e-mail confirmation from our office. Any CE submitted not with the license renewal application will receive a separate letter or notification once the CE have been reviewed.

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

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

Signature _____ Date signed _____

(All pages must be signed and dated within 30 days of submitting)

Minnesota Department of Health, Health Occupations Program – SLP/AUD Licensing

PO Box 64882, St. Paul, MN 55164-0882

Fax: 651-201-3839

health.slpa@state.mn.us
www.health.state.mn.us

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