

BOARD OF SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS
301 SOUTH PARK, 4TH FLOOR
PO BOX 200513
HELENA MT 59620-0513
(406) 444-5773 FAX: (406) 841-2305
EMAIL: audit@mt.gov
WEBSITE: www.slpaud.mt.gov

CONTINUING EDUCATION APPROVAL REQUEST FORM

INSTRUCTIONS AND REQUIRED DOCUMENTATION: Complete this application form in its entirety. Enter all information, including sponsor and sponsor contact information. Attach the following course supporting documentation:

1. an outline, agenda, brochure, and/or syllabus that shows the times and content of the course; and
2. a short bio or resume of the presenter(s) which contain the presenter(s) qualifications.

Incomplete applications will not be processed. Please email the completed applications and all supporting documentation to audit@mt.gov.

NAME OF REQUESTOR: _____

REQUESTOR'S EMAIL: _____ PHONE NO: _____

COURSE SPONSOR: _____

COURSE NAME: _____

SPONSOR ADDRESS: _____

SPONSOR WEBSITE: _____

LOCATION OF PROGRAM: _____

DATES(S) OF PROGRAM: _____ TOTAL CE HOURS REQUESTED _____

The board's decision on this course request will be emailed to the requestor at the email address provided.

FURTHER INFORMATION:

To locate continuing education requirements, go to the [Administrative Rules of Montana website](#). The Board of Speech-Language Pathologists and Audiologists rules are found in [ARM Title 24, Chapter 222](#). The requirements specific to continuing education requirements are found in [ARM Title 24, Chapter 222, Subchapter 21](#).

Your request will be sent to the Board of Speech-Language Pathologists and Audiologists for consideration. Visit the board's website at www.slpaud.mt.gov for more information.