

**CONTINUING EDUCATION REQUEST FORM**

**If the workshop you plan to attend is already on the list of approved continuing education, you do not need to request it. The list is posted on our website (ndsbe.com).**

Date of Request: \_\_\_\_\_ Person Requesting Approval: \_\_\_\_\_

Workshop Title: \_\_\_\_\_

Presenter: \_\_\_\_\_

Presenter's Credentials: \_\_\_\_\_

Location (city, state): \_\_\_\_\_ Date(s) of Workshop: \_\_\_\_\_

Hours of Direct Instruction (excluding registration, breaks, meals, etc.): \_\_\_\_\_

Purpose of Workshop: \_\_\_\_\_

Intended Audience: \_\_\_\_\_

How does this workshop improve competency in SLP or AUD? \_\_\_\_\_

Total Seats Available: \_\_\_\_\_ Seats Open to the Public: \_\_\_\_\_

**Please attach a brochure describing the course/workshop to this form and send it to the Board's address below. Thank you.**

Your Phone Numbers: Daytime: \_\_\_\_\_ Home: \_\_\_\_\_

Your E-mail Address: \_\_\_\_\_

Your Mailing Address: \_\_\_\_\_

Send to: Beverly Solseng  
Executive Secretary, NDSBE  
PO Box 5143  
Grand Forks, ND 58206-5143  
Phone: (701) 775-7165 or Fax: (701) 746-9620 or E-mail: beverlysolseng@gmail.com

**FOR BOARD USE ONLY:**

Date of Decision: \_\_\_\_\_ Decided By: \_\_\_\_\_

*IF APPROVED* ( ): Date Notified: \_\_\_\_\_ Number of Hours Approved: \_\_\_\_\_

*IF NOT APPROVED* ( ): Date Notified: \_\_\_\_\_ Reason: \_\_\_\_\_

Person Notifying: \_\_\_\_\_ via \_\_\_ Phone \_\_\_ Voice Mail \_\_\_ Fax \_\_\_ Letter \_\_\_ E-Mail