



Bureau of Professional Licensing
PO Box 30670 • Lansing, MI 48909
(517) 335-0918
www.michigan.gov/bpl
BPLHelp@michigan.gov

SPEECH-LANGUAGE PATHOLOGY CONTINUING EDUCATION PROGRAM APPROVAL

Authority: 1978 PA 368

Sponsor Name		
Sponsor Street Address		
City	State	Zip Code
Email Address		
Program Director Name		Title
Program Director Address		
City	State	Zip Code
The Program Director must describe his or her qualifications to direct the program:		
Describe how the program is being designed to further educate speech-language pathologists. You must include a short narrative describing the program content and the criteria for the selection of this topic.		
Describe how the amount of continuing education credit to be awarded for this program was determined:		
Describe how participants will be notified that continuing education credit has been earned:		

LARA/BPL-SLPCEPROGRAM (04/22)

The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Describe how post-tests performance will influence the continuing education credit award.

Describe the delivery method or methods to be used and the techniques that will be employed to assure active participation:

Describe how post-tests will be administered, corrected, and returned to participants:

Describe how attendance is monitored, including sample documents, and the name of the person monitoring attendance:

Required Additional Documents:

- This application must be submitted no later than 120 days before the program date.
- A program schedule, including date of program, topics, name of speaker, and break times
- Copies of instructional objectives that have been developed
- Copies of all promotional and advertising materials for the program
- A copy of the curriculum vitae for each instructional staff member
- A copy of the post-test instrument that will be used for participant evaluation
- This application may be submitted to this office by emailing the form and required documents to BPLData@michigan.gov

CERTIFICATION AND SIGNATURE

I certify that the information provided for approval of a Speech-Language Pathology continuing education program, is true and complete. If approval of the sponsor is granted by the Board of Speech-Language Pathology, I certify accurate, permanent individual records will be maintained, and written evidence of attendance containing the approval number assigned to the sponsor shall be provided to each licensee and only those licensees in attendance. Our continuing education programs will meet the standards and criteria outlined in the Administrative Rule 338.641.

Signature

Title

Type or Print Name

Date