

STATE OF MAINE
BOARD OF SPEECH, AUDIOLOGY & HEARING
35 STATE HOUSE STATION
AUGUSTA, ME 04333-0035
OFFICE TELEPHONE: 624-8624
TTY users call Maine Relay 711

CONTINUING EDUCATION DOCUMENTATION FORM

Please complete this form (print or type) and mail with the documentation verifying your continuing education to the above address. Retain the original CEU certificates for your file, as no documentation will be returned.

NAME: _____ LICENSE #: _____

| Date(s) | Name of Program | Location | Hours |
|-------------|-----------------|----------|-------|
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| | | | |
| | | | |
| Total Hours | | | |

National Conferences (i.e. ASHA, AAA, ADA)

| Date(s) | Name of Conference | Location | Hours | Relevance (✓) | |
|--------------------------|--------------------|----------|-------|---------------|--------------|
| | | | | Clinical | Professional |
| | | | | | |
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| | | | | | |
| | | | | | |
| Subtotal | | | | | |
| Total Hours, Conferences | | | | | |

Other Activities

| Date(s) | Title of Activity | Type of Activity | Hours | Relevance (✓) | |
|-------------------------------|-------------------|------------------|-------|---------------|--------------|
| | | | | Clinical | Professional |
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| | | | | | |
| Subtotal | | | | | |
| Total Hours, Other Activities | | | | | |

I HEREBY CERTIFY THAT THE INFORMATION GIVEN ABOVE IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE: _____

DATE: _____