

**CONTINUING EDUCATION REQUEST FORM**

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: \_\_\_\_\_

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

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

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

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

Send to: Beverly Solseng, NDSBE  
Education Building Room 212  
231 Centennial Drive Stop 7189  
Grand Forks, ND 58202-7189  
Phone: (701) 777-4421 or Fax: (701) 777-4365 or E-mail: beverly\_solseng@und.nodak.edu

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

*A current list of approved continuing education is online at the address below. It is updated as courses are approved. If a course you are interested in is on the list, you do not need to request approval. This Continuing Education Request Form is also on the internet:*

**www.und.edu/dept/ehd/NDSBE/**