



CONTINUING PROFESSIONAL DEVELOPMENT PROVIDER APPLICATION

\$200 NON-REFUNDABLE FEE

OFFICE USE ONLY	
ATS #:	
RECEIPT #:	
AMOUNT PAID:	
DATE CASHIERED:	

Please complete and return the application form, along with the \$200 application fee. Your application and supporting documents will be reviewed and if it is determined that you have met the criteria, the Board will issue you a provider number. You may then begin offering CPD credit to Speech-Language Pathologists and/or Audiologists. We do not approve individual courses. A valid provider approval enables you to offer any course that meets Board criteria. **Processing time is 3-4 weeks.**

PLEASE PRINT OR TYPE:

1. Provider Name: <i>(Maximum of 40 characters)</i>	
2. Mailing Address: <i>(Street, City, State, Zip Code)</i>	3. Business Phone Number:
_____	_____
_____	4. Business Fax Number:
_____	_____
5. Organization Type: <i>(Select one)</i>	
<input type="checkbox"/> Accredited Institution of Higher Learning	<input type="checkbox"/> Nonprofit Education Association
<input type="checkbox"/> Licensed Health Facility	<input type="checkbox"/> Nonprofit Professional Association
<input type="checkbox"/> Governmental Agency	<input type="checkbox"/> Nonprofit Corporation
<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> Individual <i>(must provide social security number)</i>	
_____ - _____ - _____	
<input type="checkbox"/> Other <i>(please specify)</i>	

6. California Department of Consumer Affairs Licenses/Registrations: <i>(Only list those held by the provider & issued by another DCA board to provide continuing education. Do not list instructor license numbers.)</i>	
Type: _____	Number: _____
Expiration Date: _____	
Type: _____	Number: _____
Expiration Date: _____	
Type: _____	Number: _____
Expiration Date: _____	
7. Contact Person:	8. Contact Phone Number:
_____	_____
9. Contact E-Mail Address:	10. Contact Fax Number:
_____	_____

11. Operational Plan: *(Must attach subject matter and course outline).*

A description of the types of subject matter to be covered in future courses offered by the provider - this list does not have to be all-inclusive. Include documentation which demonstrates subject matter (e.g., ads, course outlines, and catalogs). If the provider does not have any courses planned at this time, list a sampling of the courses provided in the past.

11. Type of Courses: *Select all types of courses the provider plans to offer. (Each course description must state the type of course, whether live or self-study.)*

- Live- In person Seminars/Conferences/Workshops
- Live Webinars
- Pre-Recorded online courses/videos *(self-study)*

12. Instructor Information: *(Each instructor must have at least two of the four qualifications listed. Check all that apply. Must attach a current resume for each instructor listed.) Please attach additional pages if needed to list all instructors.*

(a). Name: _____ *If Licensed, License Number:* _____

- License, registration, or certificate in an area related to the course subject matter
- Valid, current certification in the subject area issued by the American Speech-Language-Hearing Association (ASHA)
- Training, certification, or experience in teaching courses in the subject matter
- At least 2 years' experience in an area related to the subject matter of the course
- Other: *(please specify)* _____

(b). Name: _____ *If Licensed, License Number:* _____

- License, registration, or certificate in an area related to the course subject matter
- Valid, current certification in the subject area issued by the American Speech-Language-Hearing Association (ASHA)
- Training, certification, or experience in teaching courses in the subject matter
- At least 2 years' experience in an area related to the subject matter of the course
- Other: *(please specify)* _____

(c). Name: _____ *If Licensed, License Number:* _____

- License, registration, or certificate in an area related to the course subject matter
- Valid, current certification in the subject area issued by the American Speech-Language-Hearing Association (ASHA)
- Training, certification, or experience in teaching courses in the subject matter
- At least 2 years' experience in an area related to the subject matter of the course
- Other: *(please specify)* _____

ADDITIONAL INFORMATION

13. Please read the following information and sign below:

- (a). It is important that you read the regulations carefully, as it will be *your* responsibility as the provider to meet the Board requirements. Violation of the requirements could result in adverse action on your provider approval.
- (b). Courses that cover office production, financial planning, employee benefits, marketing, or ways to increase productivity or profitability, and any courses in which the licensee, not the consumer, is the primary beneficiary, are not acceptable.
- (c). Providers must ensure that courses, instructors, advertisements, and record-keeping meet SLPAHADB regulation requirements. Providers must issue records of course completion to all attendees. (Article 11, 1399.160.11).
- (d). A provider approval issued under this section shall expire twenty-four months after the approval issue date, (two years). To renew, the provider shall, on or before the expiration date, pay the biennial renewal fee of \$200.00.
- (e). A provider approval that is not renewed by the expiration date may not be renewed, restored, reinstated, or reissued thereafter; the provider may apply for a new approval.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. I further certify that I have read and understand the requirements for approval as a continuing professional development provider.

PROVIDER CONTACT SIGNATURE: _____ **DATE:** _____
(Signature must be in blue ink)