



THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234

State Board for Speech-Language Pathology and Audiology

Telephone: 518-474-3817 Ext. 100

Fax: 518-473-0532

E-mail: speechbd@mail.nysed.gov

Thank you for your interest in becoming an approved sponsor of continuing education for speech-language pathologists and audiologists in New York State. Fill out the application (Speech-Language Pathology and Audiology Form-1SB) and submit it to the State Board for Speech-Language Pathology and Audiology along with the supporting materials requested. You must also enclose a check made out to the New York State Education Department in the amount of \$900. Sponsors are approved for a period of three years. Sponsors are required to keep records on the continuing education programs that they offer.

Should you have questions concerning the requirements, you contact the State Board for Speech-Language Pathology and Audiology at:

NY State Education Department
Office of the Professions
State Board for Speech-Language Pathology and Audiology
89 Washington Avenue
Albany, New York 12234-1000
Phone: 518-474-3817, ext. 100
Fax: 518-473-0532
E-mail: speechbd@mail.nysed.gov

**Speech-Language
Pathology & Audiology
Form 1-SB**

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office of the Professions
State Board for Speech-Language Pathology & Audiology
www.op.nysed.gov

Department Use Only

Approved
Effective Date

Denied
Notification Date

**Application for Approval as a Continuing Education Sponsor
for Speech-Language Pathologists and/or Audiologists**

At least 90 days in advance of offering courses, send a completed application with the non-refundable fee to the address above. **NOTE: APPROVALS ARE FOR A THREE-YEAR PERIOD.**

Check One: Initial Application Renewal Application

Name of Organization

Mailing Address

Contact Person

Telephone Number

Fax Number

E-mail Address

Courses will be offered to: Speech-Language Pathologists Audiologists

The fee is \$900. This fee is non-refundable. Make your check or money order payable to the New York State Education Department.

Each item below is a standard for State Education Department approval as a continuing education sponsor for speech-language pathologists and/or audiologists as set forth in subdivision (i) of Section 75.8 of the Regulations of the Commissioner of Education. To demonstrate your organization's compliance with these standards, please provide the information requested below.

Standard 1 - Organization. Applicant is an organized educational entity.

1. The organization indicated above is (check one):

- a national, state, or local association in speech-language pathology/audiology
- a local, state or federal government agency
- a hospital or nursing home
- a health maintenance organization
- a school
- an other organized educational entity, please explain _____

2. Attach a copy of the charter or certificate of incorporation for the organization.

3. Attach a list of the names, titles, and addresses of the organization's officers, board of director/trustees, and, if applicable, principal stockholders.

4. Attach a statement describing the organization's primary purpose or mission.

5. Attach a description of any secondary purpose.

6. Attach a statement of the goals of the organization's continuing competency program.

Standard 2 - Courses. Courses are offered in appropriate subject areas.

7. Check all subject areas you intend to offer.

<u>Subject Area</u>	<u>SLP</u>	<u>Audiologists</u>
speech	<input type="checkbox"/>	<input type="checkbox"/>
voice	<input type="checkbox"/>	<input type="checkbox"/>
language	<input type="checkbox"/>	<input type="checkbox"/>
swallowing	<input type="checkbox"/>	<input type="checkbox"/>
hearing	<input type="checkbox"/>	<input type="checkbox"/>
dispensing/fitting hearing aids	<input type="checkbox"/>	<input type="checkbox"/>
pedagogical methodologies	<input type="checkbox"/>	<input type="checkbox"/>
general supervision	<input type="checkbox"/>	<input type="checkbox"/>
legal and regulatory issues	<input type="checkbox"/>	<input type="checkbox"/>
other topics that contribute to professional practice	<input type="checkbox"/>	<input type="checkbox"/>
public health issues	<input type="checkbox"/>	<input type="checkbox"/>
business practices	<input type="checkbox"/>	<input type="checkbox"/>
other matters of health care, law and ethics that contribute to the health and welfare of the public	<input type="checkbox"/>	<input type="checkbox"/>

8. Provide a course description or a copy of a course outline/program/brochure for each planned course that includes: (a) its exact title; (b) names and qualifications of the presenter(s) for each lecture or topic; (c) a description of course content; (d) location, date, and time; (e) the starting and ending times of each session or lecture; (f) a description of the teaching methods to be used; (g) the learning objectives of the course; (h) costs, refunds, and cancellation policies; and (i) the length of the course in contact hours (of 50 minutes each). This description may be submitted with your application, or for approval prior to the course being offered.

9. Attach a description of your procedures to identify, design and evaluate courses before you offer them.

10. Attach a description of your procedures and methods to evaluate the effectiveness and overall quality of your courses/programs. Indicate what part participants play in the evaluation process and on what basis courses/programs are updated or modified.

Standard 3 - Instructors. Course instructors are qualified to teach the courses which will be offered.

11. Attach a description of your procedures and criteria to select instructors.

12. Attach a description of your procedures and criteria to evaluate instructors' performance.

13. Attach a roster of full-time and part-time instructors, if applicable.

14. Provide a curriculum vitae or resume for each instructor that (1) demonstrates his or her qualification to conduct the course(s) and (2) includes at least his or her: (a) name; (b) current employment title; (c) degree(s) earned, with name and location of institution, major, and date received; (d) licensure status; (e) teaching experience; and (f) previous professional positions.

15. Provide job descriptions for instructors if specific instructors have not been identified for a particular course or courses.

16. Provide a roster of all full-time and part-time administrators, if applicable.

Standard 4 - Assessment of Learning. Sponsor has a method of assessing the learning of participants.

17. Attach a description of the organization's method(s) of assessing the learning of participants in courses that (1) are appropriate to the course objectives and educational methods and (2) measure the extent to which the objectives were accomplished.

18. Attach a sample copy of the certificate of completion the organization will provide to each licensed practitioner who completes a course. The certificate must include (a) the organization's name; (b) the date and location of the course; (c) the course title; (d) the educational method used (e.g., lecture, self-study); and (e) the number of contact hours.

Standard 5 - Records. Sponsor will maintain records for at least six years from the date of completion of coursework.

19. Attach a description of the organization's resources and procedures for creating and maintaining records for each course that include (a) the date and location of the course; (b) the name and curriculum vitae of the instructor; (c) the objectives and learning methods of the course; (d) an outline of the presentation, the assessment methods used, and the number of contact hours of the course; (e) a summary of any program evaluations; (f) a copy of all promotional materials used in the course; (g) any evaluation of the need for the course; and (h) a list of licensed practitioners in attendance, including the profession for which each is licensed to practice.
20. Provide a signed assurance that (a) the records will be maintained for six years from the date each course was offered; (b) you will grant the State Education Department (SED) access to the records upon request; (c) you will respond to any SED inquiry regarding the records; (d) you will notify SED if the address where the records are kept changes. The assurance must include the street address where the records will be kept.

We agree to comply with the requirements of Sections 75.8(c) of the Regulations of the Commissioner of Education, as set forth in this application. We further agree to provide the State Education Department (SED) with information regarding our organization and the courses we offer and agree to permit SED to conduct site visits to verify our compliance with the requirements. We understand that approval, if granted, will be for a three-year period and may be renewed upon further application (including fee). We have enclosed the appropriate fee and agree that this fee is for evaluation, not approval, and is not refundable.

Signature: _____ Date: _____ / _____ / _____
mo. *day* *yr.*

Print name: _____

Title: _____

Mail this form and fee to: New York State Education Department, Office of the Professions, State Board for Speech-Language Pathology and Audiology, 2nd Floor, West Wing, 89 Washington Avenue, Albany, NY 12234-1000. DO NOT SEND CASH. Make check or money order payable to the New York State Education Department.