





## CONTINUING EDUCATION REPORT 2012

Please record your continuing education activities completed during the license period July 1, 2011 through June 30, 2012, in the appropriate categories on the form provided, and **submit with your license renewal** for license year 2012.

Each licensee shall complete continuing education activities of **at least ten (10) clock hours** each license period, July 1 through June 30.

Of the ten (10) hours, five (5) shall be in the area of licensure, and five (5) may be in areas related to the professions of audiology and speech-language pathology.

Audiologists who register as dispensing audiologists shall have at least three (3) hours of the total ten (10) hours in areas directly related to hearing aid dispensing.

Dual licensees shall complete fifteen (15) hours per year with a minimum of five (5) hours in speech-language pathology and five (5) hours in audiology.

**LBESPA MAY REQUEST, THROUGH OFFICIAL AUDIT, VERIFICATION OF CLOCK HOURS SUBMITTED, INCLUDING INFORMATION REGARDING CONTENT, CERTIFICATION, AND ATTENDANCE. YOU SHOULD KEEP PROPER DOCUMENTATION IN THE EVENT YOU ARE AUDITED.**

List the date and number of hours spent in the following activities. Where required, list title of program/article. Please check whether the activity is in the area of licensure or a related area.

Activity	#Hours	Date Mo/Day/Yr	Area of Licensure	Related Area
1. LBESPA-sponsored activities:				
_____	_____	_____	_____	_____
2. Meetings/conferences of speech-language hearing organizations or workshops in the area of communication disorders sponsored by individual professional practitioners or professional organizations such as ASHA, LSHA, or SPALS:				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
3. Activities provided by ASHA-approved continuing education providers or AAA-approved continuing education activities.				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
4. Meetings of related professional organizations				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Licensee's Name: \_\_\_\_\_

Activity	#Hours	Date Mo/Day/Yr	Area of Licensure	Related Area
5. College courses in area of licensure taken for credit or official audit	_____	_____	_____	_____
6. Distance learning (video conferences, telephone seminars & Internet courses sponsored by universities, schools, clinics, state agencies, hospitals, or related professional org.)	_____	_____	_____	_____
7. Workshops and in-services that are university, school, clinic, hospital or state agency sponsored (max. of 5 hrs. if in related area. 10 hrs. if in area of licensure)	_____	_____	_____	_____
8. Publication of articles in a peer-reviewed journal (max. 5 hrs.)	_____	_____	_____	_____
9. Scientific or educational lectures to include presentations such as poster sessions given by the licensee (max. 5 hrs.)	_____	_____	_____	_____
10. Audio, video and other media from the LBESPA library as well as ASHA-approved and AAA-approved continuing education media (max. 5 hrs.)	_____	_____	_____	_____
11. The presenting licensee may count 1 1/2 times the value of a workshop the <b>first time</b> it is presented to allow for preparation time. The workshop will count for the actual hour value for each subsequent presentation of the same workshop.	_____	_____	_____	_____

The following **ACTIVITIES REQUIRE PRE-APPROVAL** by LBESPA  
LBESPA requires pre-approval of self-study activities.

Activity	#Hours	Date Mo/Day/Yr	Area of Licensure	Related Area
11. Audio tape(s) or video tape(s) <b>NOT</b> from LBESPA's Video Library (max. 5 hrs.)	_____	_____	_____	_____

Licensee's Name: \_\_\_\_\_

Activity	#Hours	Date Mo/Day/Yr	Area of Licensure	Related Area
12. Reading of journal articles that contain self-examination questions at the end (max. 5 hrs.)	_____	_____	_____	_____
13. Publication of diagnostic and/or therapeutic materials (max. 5 hrs.)	_____	_____	_____	_____
14. Self Study or Other pre-approved activities completed:	_____	_____	_____	_____
_____	_____	_____	_____	_____

**TOTALS**

<b>Number of hours in area of licensure.....</b>	_____
<b>Number of hours in related area.....</b>	_____
<b>Number of hours in areas directly related to hearing aid dispensing (if applicable)</b>	_____
<b>TOTAL NUMBER OF CONTINUING EDUCATION HOURS SUBMITTED.....</b>	_____

**ALL LICENSEES MUST COMPLETE THE FOLLOWING**

I certify that the information provided above is accurate and I can provide documentation of these activities if requested. I understand that falsification of this document can result in disciplinary action with regard to my ability to practice my profession.

\_\_\_\_\_  
Signature (required)

\_\_\_\_\_  
Print or type your name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date Form Completed

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
License Number

\* \* \* \* \*

**Please note** that LBESPA will allow continuing education hours collected in June to count backward or forward, i.e., the 2011/2012 collection period or the 2012/2013 collection period. Hours accrued during June may be used for only one collection period and may not be divided and applied to both collection periods. There shall be no carry-over of continuing education hours in any other month from one license year to the next.

\* \* \* \* \*

Licensee's Name: \_\_\_\_\_

## Inactive Status Affidavit

I, \_\_\_\_\_, am a licensed speech-language pathologist/audiologist and am retired from the practice of the profession. I did not practice the profession of speech-language pathology and/or audiology from July 1, 2011 through June 30, 2012. I understand that I must complete the continuing education requirements as stated in Rule No. 121.F. of the Board's Rules, Regulations and Procedures.

I certify to the Louisiana Board of Examiners for Speech-Language Pathology and Audiology that the above statement is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Mail signed Renewal Form, Fee, Continuing Education Report and Supervision forms (if applicable) to:

Louisiana Board of Examiners for  
Speech-Language Pathology and Audiology  
18550 Highland Road, Suite B  
Baton Rouge, Louisiana 70809  
Telephone: 225-756-3480 or 1-800-246-6050  
Fax: 225-756-3472  
Website: [www.lbespa.org](http://www.lbespa.org)

**\*\*PLEASE ALLOW SIX (6) WEEKS FOR THE PROCESSING OF YOUR LICENSE  
RENEWAL\*\***

# CONTINUING EDUCATION REQUIREMENTS

## RULE No. 121.F. INACTIVE STATUS

...In order to resume the practice of speech-language pathology or audiology, retired licensees shall demonstrate completion of five (5) clock hours of continuing education in the area of licensure for each year that the retired status was maintained.

## RULE No. 123:

- A. Each licensee shall complete continuing professional education activities of at least ten (10) clock hours each license period, July 1 through June 30.
- B. Of the ten (10) hours, five (5) shall be in the area of licensure (practice of audiology or speech-language pathology) and five (5) may be in areas related to the professions of audiology and speech-language pathology.
- C. Audiologists who register as dispensing audiologists shall insure that at least three (3) of the total ten hours are in areas directly related to hearing aid dispensing, such as business/practice management, marketing, aural habilitation/rehabilitation, diagnostic assessment, characteristics of hearing aids and their application, etc.
- D. Dual licensees shall complete fifteen (15) hours per year with a minimum of five (5) hours in speech-language pathology and five (5) hours in audiology; the remaining five may be in areas related to the professions of audiology and speech-language pathology.
- E. Continuing Education events occurring in the month of June will be accepted for the collection period in which they occur or may be counted in the following collection period which begins July 1st. Hours from one event may not be divided between two collection periods.
- F. In the case of extenuating circumstances, when the licensee does not fulfill the continuing education requirements, the licensee shall submit a written request for extension to the board for consideration.
- G. Continuing Education hours accrued during the applicant's grace period will be accepted.
- H. The graduated scale for the collection of continuing education hours can be found in the Board's Rules, Regulations, and Procedures.
- I. Acceptable Continuing Education Sponsors and Activities
  1. Board-sponsored activities;
  2. Presentations in the area of communication disorders sponsored by individual professional practitioners and/or professional organizations such as American Academy of Audiology (AAA), American Speech-Language-Hearing Association (ASHA), Louisiana Speech-Language-Hearing Association (LSHA), Speech Pathologists and Audiologists in Louisiana Schools (SPALS), Louisiana Society for Hearing Aid Specialists, etc.;
  3. Activities provided by ASHA-approved continuing education providers or AAA-approved continuing education activities;
  4. Meetings of related professional organizations (e.g., Council for Exceptional Children, Orton Dyslexia Society);

5. College courses in the area of licensure taken for credit or official audit;
6. Distance learning (video conferences, telephone seminars and Internet courses sponsored by universities, schools, clinics, state agencies, hospitals, professional organizations, or related professional organizations);
7. Workshops and in-services that are university, school, clinic, hospital or state agency sponsored (maximum of 5 hours in a related area, maximum of 10 hours if in the area of licensure);
8. Publication of a article in a peer-reviewed journal for the year in which it was published (5 hours);
9. Audio, video and other media from the LBESPA library as well as ASHA-approved and AAA-approved continuing education media (maximum of 5 hours);
10. The presenting licensee may count 1 1/2 times the value of an activity the first time it is presented to allow for preparation time (example: a three hour workshop = 4 1/2 hours). The activity will count for the actual hour value for each subsequent presentation of the same activity;
11. Teaching at the college level in the area of communication disorders is not acceptable;

J. Pre-Approval Policy (Pre-Approval Application Form on Website [www.lbespa.org](http://www.lbespa.org))

1. No pre-approval is required for any of the activities listed in Acceptable Continuing Education Sponsors and Activities;
2. The licensee shall request pre-approval (minimum of 30 days in advance) of self-study activities, or other appropriate activities;
3. A fifty (\$50) fee is required for Corporations offering CE not address or Individuals who are not LBESPA licensees;
4. Licensees who elect to attend university classes/courses in speech-language pathology and/or audiology without payment of the university fee shall submit a self-study plan for pre-approval from the Board to receive CE credit;
5. Self-study activities in the area of communication disorders:
  - a) Audio or video tapes (maximum of 5 hours)
  - b) Reading of journal articles that contain self-examination questions at the end. Articles shall be submitted for pre-approval (maximum of 5 hours);
6. Publication of diagnostic and/or therapeutic materials (maximum of 5 hours);

K. Recording of Continuing Education Activities

1. Licensees shall record all continuing education activities as prescribed by the board and submitted at the time of renewal;
2. The board may request, through random audit, verification of clock hours submitted, including information regarding content and attendance. A percentage will be audited each year as a means of evaluating compliance with the continuing education requirements.



# SLP FORM 100

## **Supervision Documentation for Provisional and Restricted Speech-Language Pathologists**

Supervision of Provisional or Restricted Speech-Language Pathologists must include a **minimum of 12 monitoring activities annually**. At least four (4) monitoring activities must be on-site, in-view observations to be divided between the areas of diagnostics and management, supervised by an individual holding a license in the area of speech-language pathology and issued by the Louisiana Board of Examiners for Speech-Language Pathology and Audiology. Persons holding a Restricted, Provisional or Assistant License may not serve as a supervisor.

On-Site In-View Observation is defined as the supervisor observing the licensee engaging in a specified clinical activity with his/her patient/client. The supervisor shall accomplish this task either by being physically present in the room or through the use of a live video monitor.

Documentation of supervision may be requested by the Board. The supervision activities documented on this form are to occur within the Board's fiscal year, July 1 through June 30. This report should be mailed to the Board office by June 30 of each year. At least four (4) monitoring activities must be on-site, in-view observations to be divided between the areas of diagnostics and management. **For twelve-month employees**, one on-site, in-view observation must be conducted each quarter. **For nine-month employees**, two on-site in-view observations must occur each semester. It is also recommended that other monitoring activities be accomplished throughout the year of supervision. On-site, in-view observations should last a minimum of one hour.

**On-site in-view supervision as well as alternative methods of supervision must occur in every work setting in which the licensee is employed/contracted.** Licensees must remain under supervision until official notification of licensure upgrade is received.

<b>Place of Employment:</b>			
<b>Check applicable boxes:</b>	<input type="checkbox"/> Full time		<input type="checkbox"/> Part time
	<input type="checkbox"/> 9 month employee		<input type="checkbox"/> 12 month employee
	Setting:	<input type="checkbox"/> Hospital	<input type="checkbox"/> Private Practice
	<input type="checkbox"/> School	<input type="checkbox"/> University	<input type="checkbox"/> Rehab/Agency
			<input type="checkbox"/> Other: _____

<b><i>On-Site, In-View Monitoring Activities</i></b>	<b>Record the number of on-site, in-view monitoring activities quarterly if a 12-month employee, or by semester if a 9-month employee.</b>					
<b>ACTIVITY</b>	12-month employees				9-month employees	
	1 <sup>ST</sup> Quarter	2 <sup>ND</sup> Quarter	3 <sup>RD</sup> Quarter	4 <sup>TH</sup> Quarter	1 <sup>ST</sup> Semester	2 <sup>ND</sup> Semester
Screening						
Evaluation						
Therapy						
Family/Parent/Teacher Conferences or Consultations						
<b>TOTAL NUMBER OF ON-SITE, IN-VIEW OBSERVATIONS (WHETHER 12 OR 9 MONTH EMPLOYEE)</b>						
<b>AVERAGE NUMBER OF MINUTES PER SESSION</b>						

OVER →

<b>Alternative Monitoring Activities</b>		<b>Record the number of alternative monitoring activities quarterly if a 12-month employee, or by semester if a 9-month employee.</b>				
<b>ACTIVITY</b>	12-month employees				9-month employees	
	1 <sup>ST</sup> Quarter	2 <sup>ND</sup> Quarter	3 <sup>RD</sup> Quarter	4 <sup>TH</sup> Quarter	1 <sup>ST</sup> Semester	2 <sup>ND</sup> Semester
Review of screening results						
Review of diagnostic reports						
Review of treatment plans, IEPs, etc.						
Review of other client records						
Telephone/electronic communications						
In-service meetings/ Trainings attended by licensee						
Review of audio or video tapes relevant to specific patients/clients						
Other						
<b>TOTAL NUMBER OF ALTERNATIVE MONITORING ACTIVITIES</b>						
<b>(whether 12 or 9 month employee)</b>						

PERIOD OF SUPERVISION: \_\_\_\_\_ to \_\_\_\_\_  
 (Month, Day and Year) (Month, Day and Year)

**We hereby certify to the Louisiana Board of Examiners for Speech-Language Pathology and Audiology that the above statements are true and correct.**

\_\_\_\_\_  
 Supervisor's Signature

\_\_\_\_\_  
 Supervisee's Signature

\_\_\_\_\_  
 Supervisor's Printed Name

\_\_\_\_\_  
 Supervisee's Printed Name

\_\_\_\_\_  
 Supervisor's Address

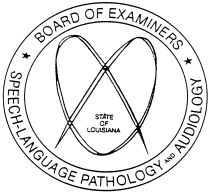
\_\_\_\_\_  
 Supervisee's Address

\_\_\_\_\_  
 Supervisor's Address

\_\_\_\_\_  
 Supervisee's Address

\_\_\_\_\_  
 Supervisor's License Number

\_\_\_\_\_  
 Supervisee's License Number



**LOUISIANA  
BOARD OF EXAMINERS  
for  
SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY**



**MEMORANDUM**

**DATE:** April 15, 2012

**TO:** Provisional/Restricted Audiologist and/or  
Provisional/Restricted Speech-Language Pathologist

**FROM:** Louisiana Board of Examiners for Speech-Language Pathology and Audiology  
(LBESPA)

**RE:** **SUPERVISION FORM 100 for the year 2011-2012**

A review of your file indicates that you hold a provisional or restricted license as an audiologist or speech-language pathologist. Provisional or Restricted Speech-Language Pathology Licensees and Provisional or Restricted Audiology Licensees are required to undergo direct supervision by a licensed audiologist or speech-language pathologist, licensed in the area in accordance with R.S. 37:2659(A). An individual may not be supervised by a provisional licensee, restricted licensee, or assistant licensee.

If you are employed in a public school system, the forms should be filed by the end of the school term, June 2012. If you are employed in any other setting, the forms should be filed by the end of the fiscal year, June 30, 2012.

**If you have not worked as a provisional or restricted audiologist or a provisional or restricted speech-language pathologist during the period, July 1, 2011 to June 30, 2012, you must submit a notarized statement in lieu of supervision forms.**

A **Supervision Agreement Form** must also be **re-submitted** to the Board for all supervised licensees.

This memo is sent to you as a reminder that your license will not be renewed for the 2012 renewal period until the appropriate supervision form or notarized statement is received.

# **SUPERVISION AGREEMENT FORM**

<b>Supervisee's Name</b>	<b>License Type</b>	<b>License #</b>
<b>Street Address</b>	<b>City</b>	<b>State</b>
		<b>Zip</b>

**Check the one that applies:**

- |   |   |
|---|---|
| <input type="checkbox"/> Initial employment: _____ (Date) | <input type="checkbox"/> Change of supervisor(s) _____ (Date)   |
| <input type="checkbox"/> Renewal of a license             | <input type="checkbox"/> Addition of supervisor(s) _____ (Date) |

**Guidelines:**

- All individuals holding a provisional, restricted, assistant, or provisional assistant license must be supervised by a licensed speech-language pathologist or audiologist until supervisee presents proof of upgrade from the Board.
- A Supervision Agreement Form must be submitted within 30 days of any of the above-listed occurrences. Upon receipt, the Board will send acknowledgment to both supervisee and supervisor(s).
- If a licensee has more than one supervisor, all supervisors must sign the Supervision Agreement Form.
- Practice without a supervisor may result in disciplinary action for all parties.
- On-site in-view supervision as well as alternative methods of supervision must occur in every work setting in which the licensee is employed/contracted.

I understand that I am responsible for the services to the client that may be performed by this licensee and I must ensure that all services and supervision are in compliance with the Practice Act and the Rules, Regulations, and Procedures. If this supervisory relationship changes, I understand that the board office should receive written notification within 30 days. I hereby agree to maintain current supervision records and make them available to the Board upon request.

Supervisor Name	Lic. #	Company/School Name	Job Setting(s) (e.g. school, rehab, etc)
Supervisor's Address: _____			

Supervisor's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Name	Lic. #	Company/School Name	Job Setting(s) (e.g. school, rehab, etc)
Supervisor's Address: _____			

Supervisor's Signature: \_\_\_\_\_ Date \_\_\_\_\_

If this supervisory relationship changes, I understand that a new Supervision Agreement Form must be submitted to the board office within 30 days. I agree to maintain current supervision records and make them available to the Board upon request. I understand the supervision requirements for the license held and understand that I must remain in supervision until my license has been upgraded.

Supervisee's Signature: \_\_\_\_\_ Date \_\_\_\_\_