

## Board Certified Specialist-Fluency Application CONTINUING EDUCATION FORM

Please complete and document CE activity, request your official CE transcript from ASHA, and attach it to this form *prior* to sending it to the above address with your application form.

## PLEASE PRINT CLEARLY OR TYPE THE FOLLOWING INFORMATION

Name:	Professional Address:
Organization:	City, State, Zip Code:
Home Address:	Daytime Phone:
	Email:
City, State, Zip Code:	Website:
	ASHA #:
Total Number of Continuing Education	Total Number of Continuing
Hours Earned:	Education Hours from Fluency Topics:
Total Number of Continuing Education Hours <i>from DVDs &amp;</i> <i>Journals</i> :	Total Number of Continuing Education Hours <i>from Related Topics</i> :

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563 Carter Court, Suite B Kimberly, WI 54136 FAX: (920) 882-3655

Email: info@stutteringspecialists.org

## **Continuing Education Parameters for BCS-F Application:**

- ✓ Documentation of <u>10 CEUs</u> (100 contact hours) at the <u>Intermediate or</u> Advanced Level
- ✓ Continuing Education must come from a *variety of sources* (direct participation in conferences/workshops; Journals; DVDs; Web-based CEUs) with *no more than 3 CEUs* (30 hours) derived from DVDs and Journals
- ✓ Continuing Education must come from a <u>variety of topics</u> (80 hours from topics specifically related to Fluency and Fluency Disorders; 20 hours from other topics related to diagnosing and treating fluency disorders\_(e.g., speech, language, motor learning, cognitive, behavioral therapy, sensory processing, executive functioning, autism, counseling, other related disorders)

BCS-F APPLICATION CONTINUING EDUCATION ACTIVITY					
Name: CE Activity	Number: Contact Hours	Level: Intermediate or Advanced	Source: Conference, DVD, Journal, or Web-based	Topic: Fluency or Related	

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BCS-F 5 YEAR RENEWAL CONTINUING EDUCATION ACTIVITY				
Name: CE Activity	Number: Contact Hours	Level: Intermediate or Advanced	Source: Conference, DVD, Journal, or	Topic: Fluency or
			Web-based	Related

BCS-F 5 YEAR RENEWAL CONTINUING EDUCATION ACTIVITY					
Name:	Number:	Level:	Source:	Topic:	
CE	Contact	Intermediate or	Conference, DVD,	Fluency	
Activity	Hours	Advanced	Journal, or	or	
			Web-based	Related	

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