



# American Board of Fluency and Fluency Disorders

## 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**

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

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