

# INFORMATION AND INSTRUCTION SHEET

## SPEECH-LANGUAGE PATHOLOGY/AUDIOLOGY CONTINUING EDUCATION SPONSOR APPLICATION

### C.E. APPROVED SPONSOR

In order for licensees to obtain credit for attendance at continuing education programs the sponsoring entity must be an approved sponsor. The sponsoring entity must:

1. Complete and submit Illinois Speech-Language Pathology/Audiology Continuing Education Sponsor Questionnaire.
2. Forward a fee of \$500.00 in the form of a check or money order made payable to Department of Financial and Professional Regulation. (State agencies, colleges, and universities are exempt from payment of the fee.) Schools are no longer fee exempt.
3. Enclose a sample program with faculty, course materials and syllabi.
4. Enclose a sample "Certificate of Attendance" which contains the following:
  - a. the name, address and license number of the sponsor;
  - b. the name and address of the participant;
  - c. a brief statement of the subject matter;
  - d. the number of clock hours actually attended in each program;
  - e. the date and place of the program; and
  - f. the signature of sponsor.

Upon receipt of the sponsor application and all required documentation, the application will be reviewed by the Speech Language Pathology and Audiology Board. Subsequent to Board review, you will be advised of their recommendation.

### DEFINITION OF SPONSOR

Sponsor means an accredited college or university, State agency, or any other person, firm, or association which has been approved and authorized by the Department to coordinate and present continuing education courses and programs.

The following is a list of automatic approved sponsors. These entities need not apply for a license as an approved continuing education sponsor.

A. American Speech-Language-Hearing Associates and its affiliates;

- B. American Academy of Audiology and its affiliates;  
C. Illinois Speech-Language-Hearing Associates and its affiliates;  
D. Illinois Academy of Audiology and its affiliates.

### C.E. COURSE CONTENT

All courses and programs shall:

1. contain materials which contribute to the advancement, extension, and enhancement of professional skills and knowledge in the practice of speech-language pathology and audiology, as appropriate;
2. foster the enhancement of general or specialized speech-language pathology or audiology practice and values;
3. be developed and presented by persons with education and/or experience in the subject matter of the program;
4. specify the course objectives, course content, and teaching methods to be used;
5. specify number of CE hours that may be applied to fulfilling the Illinois CE requirements for license renewal; and
6. include some mechanism whereby participants evaluate the overall quality of the program.

A CE hour equals one clock hour of attendance. After completion of the initial CE hour, credit may be given in one-half hour increments.

### SPONSOR RESPONSIBILITY

1. All programs given by sponsors should be open to all licensed speech-language pathologists/audiologists and not be limited to the members of a single organization or group.
2. The sponsor shall be responsible for verifying full-time continuous attendance at each program and shall provide each participant in a program with a certificate of attendance or participation.
3. The sponsor shall maintain attendance records for not less than five (5) years.
4. The sponsor shall be responsible for assuring that no renewal applicant shall receive CE credit for time not actually spent attending the program.

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5. Upon request by the Department, the sponsor shall submit evidence (e.g., certificate of attendance or course materials) as necessary to establish compliance with the Illinois Speech-Language Pathology and Audiology Act and Rules.
  6. The sponsor shall submit to the Department written notice of program offerings, including program offerings of subcontractors, thirty (30) days prior to course date(s).

#### **SPONSOR RESPONSIBILITY AND APPROVAL**

1. The sponsor shall be responsible for verifying full time continuous attendance at each program.
2. Upon request by the Department, a sponsor will submit evidence (e.g., certificate of attendance or course materials) as is necessary to establish compliance with the Rules. Evidence shall be required when the Department has reason to believe that there is not full compliance with the Rules and that the information is necessary to ensure compliance.
3. Each C.E. program shall provide a mechanism for evaluation of the program by the participants.

4. An approved sponsor may subcontract with individuals and organizations to provide approved programs.
5. All programs given by approved sponsors shall be open to all Licensed Speech Language Pathologists and Audiologists and Speech Assistants and not be limited to members of a single organization or group.
6. The sponsor will be responsible for providing a certificate of attendance and will maintain attendance records for at least 5 years.

#### **C.E. SPONSOR RENEWAL REQUIREMENTS**

To maintain approval as a sponsor, each sponsor shall submit to the Department by October 31 of each odd-numbered year a renewal application, a \$250 fee, and a list of courses and programs offered within the last 24 months. The list shall include a brief description, location, date and time of each course given by the sponsor and by any subcontractor.

<p><b>IMPORTANT NOTICE:</b> Completion of this form is necessary to accomplish the requirements outlined in 225 ILCS 110/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is <b>REQUIRED</b>. Failure to provide any information will result in this form not being processed.</p>	<p>RETURN APPLICATION TO:</p> <p>Illinois Department of Financial and Professional Regulation          Attn: Division of Professional Regulation          320 West Washington Street          Springfield, Illinois 62786</p>	<p>FOR OFFICIAL USE ONLY</p> <p>_____ Approved          _____ Denied          _____ Deferred          _____ Date</p>
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**ILLINOIS SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY  
CONTINUING EDUCATION SPONSOR QUESTIONNAIRE**

*Each participant must be supplied with a "Certificate of Attendance." Please enclose a sample certificate.*

<p>1. OFFICIAL NAME OF SPONSORING ORGANIZATION OR INSTITUTION</p>	<p>2. TYPE OF APPLICATION  <input type="checkbox"/> New  <input type="checkbox"/> Renewal - License No. _____</p>
<p>3. ADDRESS (Include Street, City, State, and ZIP Code)</p>	<p>4. TELEPHONE NUMBER OF SPONSORING ENTITY (Include Area Code)</p>
<p>5. NAME OF PERSON RESPONSIBLE FOR CONTINUING EDUCATION PROGRAM(S)</p>	<p>6. TITLE</p>
<p>7. ADDRESS (Include Street, City, State, and ZIP Code)</p>	<p>8. PERSON RESPONSIBLE FOR C. E. PROGRAM TELEPHONE NO. (Include Area Code)</p>
<p>9. SPONSOR IS:  <input type="checkbox"/> State Agency  <input type="checkbox"/> A College or University  <input type="checkbox"/> A Trade or Professional Association  <input type="checkbox"/> Other (Describe) _____</p>	
<p>10. HOW WILL SPONSOR'S COURSE ADVANCE THE PROFESSIONAL SKILLS AND SCIENTIFIC KNOWLEDGE OF LICENSEES?</p>	
<p>11. HOW WILL THE SPONSOR SELECT PRESENTERS WITH EXPERTISE IN SPECIFIC SUBJECT MATTER?</p>	
<p>12. Specify length of time Sponsor maintains records: _____</p>	
<p>13. DESCRIBE METHOD FOR RECORDING AND VERIFYING ATTENDANCE (Supply forms used)</p>	
<p>14. Does your organization agree to periodic monitoring of your programs by members of the Illinois Board of Speech-Language Pathology and Audiology? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

\_\_\_\_\_  
Signature of Person Submitting Application

\_\_\_\_\_  
Title

\_\_\_\_\_  
Type or Print Name of Person Submitting Application

\_\_\_\_\_  
Date

**I UNDERSTAND THAT FEES ARE NOT REFUNDABLE.** My signature above authorizes the Department of Financial and Professional Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater than \$50.

**AFFIDAVIT**

**NAME OF CE SPONSOR:**

I hereby certify that I am the individual responsible for the continuing education program(s) offered by this sponsor and:

1. That all courses and programs offered by this sponsor for CE credit will comply with the criteria in 68 Ill. Adm. Code, Section 1465.85 (c) (3) and all other criteria in 68 Ill. Adm. Code, Section 1465.85; and
2. That this sponsor will be responsible for verifying attendance at each course or program, and provide a certificate of completion as set forth in 68 Ill. Adm. Code, Section 1465.85 (c) (8); and
3. That upon request by the Department, this sponsor will submit such evidence as is necessary to establish compliance with the requirements of 68 Ill. Adm. Code, Section 1465.85; and
4. That this sponsor will submit by October 31 of each odd-numbered year to the Department, a list of all courses and programs offered in the past 24 months, which includes a description, location, date, and time the course was offered.
5. That this sponsor is aware that failure to comply with the Rules of the Department of Financial and Professional Regulation (68 Ill. Adm. Code, Section 1465.85) may result in disapproval of this sponsor by the Department; and
6. That this sponsor is aware that disapproval by the Department will result in no credit being accepted by the Department of Financial and Professional Regulation by this Sponsor subsequent to such disapproval.

\_\_\_\_\_  
Signature of Person Responsible for Continuing Education Program

NOTARY

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

SEAL

\_\_\_\_\_  
Signature of Notary Public

**Profession:**

**BOARD COMMENTS**

Approved

Denied

Deferred

COMMENTS: \_\_\_\_\_  
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