

BCS-F 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 #:

Continuing Education Parameters for BCS-F Application:

- ✓ Documentation of <u>10 CEUs</u> (100 contact hours) at the <u>Intermediate or</u> <u>Advanced Level</u>
- ✓ Continuing Education must come from a *variety of sources* (direct participation in conferences/workshops; Journals; DVDs; Web-based CEUs) with *no more than 5 CEUs* (50 hours) derived from DVDs and Journals
- ✓ Continuing Education must come from a <u>variety of topics</u>; minimum of 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)
- ✓ Continuing Education must be obtained within five years prior to the date of application for candidacy.

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

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 APPLICATION CONTINUING EDUCATION ACTIVITY				
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4