Board of Examiners
For Speech-Language
Pathology & Audiology
(971) 673-0220
(971) 673-0226 fax
800 NE Oregon St
Ste 407
Portland OR 97232
www.bspa.state.or.us

Application for Special Board Approval of Professional Group Activities

Use this form if:
You are applying for Board approval on group activities (i.e.: a study or case-discussion group) that occur periodically.

Directions
You'll need to list a minimum of three-months' worth of activities, but you may list up to 12 months' worth if you have them arranged.

The liaison is the person who will receive confirmation of Board approval and is responsible for disseminating the information to the group.

For each meeting planned, you'll need to list:

- The proposed date
- The discussion leader, or if someone outside of the group, that presenter's name and qualifications
- The proposed topic of the discussion, and a goal or objective
- The estimated length of time in hours. Be sure to notify the Board if this changes after approval is given.

Submit this application for review:
•For activities intended only for Speech-Language Pathologists and assistants, this application needs to be mailed for review to:

PD: Speech Review
C/O C. Clupny
1465 NW 11th Street
Hermiston, OR 97838

•For activities intended only for Audiologists, this application needs to be mailed for review to:

PD: Audiology Review
C/O A. Metcalf
Audiology Associates
1849 NW Kearney, Suite 200
Portland, OR 97209

•For activities intended for all, copies of this application need to go to both of the addresses above.

Group Name: _____

Make-up of Group: ❑ SLPs ❑ Auds ❑ SLPAs ❑ All

Liaison Name: _____ Contact #: _____

Email Address: _____

Address: _____

_____

For Each Meeting:

Date of Meeting	Leader / Presenter & Qualifications	Topic of Discussion and Goal / Objective	Length of Time in Hrs

Attach Additional copies of this form as necessary

For Board Use Only

❑ Approved ❑ Not Approved Reviewed By: _____ Date: _____

Reason why not approved: _____