

# Application for Special Board Approval of Professional Development Activity - Licensee Form



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.bspsa.state.or.us](http://www.bspsa.state.or.us)

## Instructions:

- Use this form to obtain Board-approved PD credit for a course or other activity that you plan to attend or have completed. PD must meet Board requirements for Activity Type, Topic, and Sponsor/Provider. Complete the attached **Triple Test Guide** to determine if you can or need to apply for special approval, and submit it with this form.
- Complete this application form, attach the needed documentation, and send to our office at:  
Mail: Speech Board - 800 NE Oregon St Ste 407 Portland, OR 97232  
Fax: 971-673-0226  
Email: [speechaud.board@bspa.oregon.gov](mailto:speechaud.board@bspa.oregon.gov)
- Applications for PD approval can be submitted prior to the activity or **at any time until the renewal system is open, then it must be within 30 days of the event to be considered.**

- Any change in the instructor or presentation will require a resubmission with updated information.
- Submit one application per activity.
- Incomplete applications will not be reviewed.
- Retain a copy of this form for your records.
- Licensees must obtain a certificate of attendance for all PD activities from the activity sponsor. Licensees must retain certificates for four years.
- It is the sponsor's responsibility to issue a certificate of attendance to each attendee. The certificate should include the sponsor's name, attendee's name, activity's title, approval number given by the Board, and PD hours earned.
- One PD hour is equivalent to 60 minutes of attendance/participation.

## Licensee/Requestor Information

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Employer while attending PD activity: \_\_\_\_\_

## Sponsor Information

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Website: \_\_\_\_\_

## Activity Information

Activity Title: \_\_\_\_\_  
Presenter Name: \_\_\_\_\_  
Date(s): \_\_\_\_\_  
Location (City & State): \_\_\_\_\_

I have attached (all are required):

- Course Content and Objectives    Schedule    Presenter Qualifications  
 Triple Test Guide (See next two pages)

**Actual Clock Hours of Instruction/Activity:** \_\_\_\_\_

## Triple Test (ATS) Quick Guide – Accepted Without Special Approval

Activities Accepted <i>Without Special Approval</i>	Topics Accepted <i>Without Special Approval</i>	Sponsors Accepted <i>Without Special Approval</i>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Organized programs of learning such as academic courses, classes, conferences, programs, and workshops, that are presented electronically, in-person, or in other formats</li> <li><input type="checkbox"/> Self-study courses accompanied by examination and sponsored by a Board-recognized professional organization in audiology or speech-language pathology</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Assessment and intervention for speech-language and hearing disorders</li> <li><input type="checkbox"/> Speech, language and hearing science</li> <li><input type="checkbox"/> Service delivery issues associated with speech-language and hearing services</li> <li><input type="checkbox"/> Issues in pre-professional and professional training, professional ethics, professional regulation, and professional leadership and management</li> <li><input type="checkbox"/> Planning, conducting and interpreting research activities, and developing and implementing evidence-based practices</li> <li><input type="checkbox"/> Cultural and linguistic diversity in education, training, service delivery, and public policy associated with speech, language, and hearing, including the study of foreign language when needed for direct clinical practice</li> <li><input type="checkbox"/> Business practices, regulatory policy, and marketing issues directly related to clinical service delivery</li> <li><input type="checkbox"/> Psycho-social issues associated with speech/language/hearing assessment and intervention</li> <li><input type="checkbox"/> Patient safety, clinical documentation and prevention of medical errors</li> <li><input type="checkbox"/> Other topics on the Continuing Education Board Registry subject code list published by ASHA in 2008 and as revised</li> <li><input type="checkbox"/> Educational strategies and professional knowledge necessary to effectively provide SLP or audiology services to students in a pre-K to high school setting</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> ASHA, AAA, or ABA</li> <li><input type="checkbox"/> OSHA, OAA, or other state speech-language-hearing organizations recognized by ASHA, AAA, or ABA</li> <li><input type="checkbox"/> Continuing education providers approved by ASHA, AAA, or ABA</li> <li><input type="checkbox"/> OHLA for programs that it provides to hearing aid specialists, or approves for continuing education for its licensed hearing aid specialists</li> <li><input type="checkbox"/> Oregon Board of Examiners for Speech-Language Pathology &amp; Audiology for programs it provides to its licensees</li> <li><input type="checkbox"/> Institutions of higher education accredited by an appropriate national, state or regional body or approved by the Board, for academic courses</li> <li><input type="checkbox"/> American Red Cross or American Heart Association for cardio-pulmonary resuscitation or basic life support</li> <li><input type="checkbox"/> Public school districts, ESDs, home health care companies, skilled nursing facilities, hospitals, or universities.</li> </ul>

**Note: If the activity has a check mark in EACH column above, it is accepted without special approval. If check marks are in only one or two columns, you may apply for special approval.**

## Triple Test (ATS) Quick Guide –Accepted ONLY With Special Approval, Or NOT Accepted

Activities Accepted <i>With Special Approval</i>	Topics Accepted <i>With Special Approval</i>	Sponsors Accepted <i>With Special Approval</i>
<input type="checkbox"/> Publishing articles in peer-reviewed professional journals	<input type="checkbox"/> If there is a question about whether content is directly related or falls into the above topics, special approval may be requested	<input type="checkbox"/> Other formal professional development providers or sponsors not listed above
<b>Note: If the activity has a check mark in ANY column above, it requires special approval.</b>		

Activities <i>Not Accepted</i>	Topics <i>Not Accepted</i>	Sponsors <i>Not Accepted</i>
<input type="checkbox"/> Supervision of practicum students or clinical fellows  <input type="checkbox"/> Serving on professional boards or committees  <input type="checkbox"/> Attending staff meetings  <input type="checkbox"/> Performing volunteer work  <input type="checkbox"/> Reading or studying professional journals, unless a formal self-study program that includes an exam to document satisfactory completion, and sponsored by a Board-recognized professional association in audiology or SLP  <input type="checkbox"/> Teaching classes, making presentations or research activities  <input type="checkbox"/> Peer reviewing professional articles  <input type="checkbox"/> Any other activities not listed as accepted	<input type="checkbox"/> If content does NOT directly relate to the performance and practice of SLP or audiology  <input type="checkbox"/> If content does not focus on accepted topics.  Some examples of non-accepted topics might include policies and procedures, employee benefits, generic software skills such as email and word processing. These topics are appropriate for staff meetings but are not appropriately PD.	<input type="checkbox"/> Informal study groups or other situations in which there is no sponsor
<b>Note: If the activity has a check mark in ANY column above, it cannot be counted for PD.</b>		