Speech-Language Pathology & Audiology Board
FAX: 866-888-7127

C.E. AUDIT REPORT FORM

E-Mail: ExamBoards-Healthcare@sos.state.ga.us
USPS Mail: 237 Coliseum Dr., Macon, GA 31217

LICENSEE NAME:	Speech License #	Audiology License #

COURSES

Date(s)	Session Hours	CEU Hours	CEU Hours

PRESENTATIONS - MAXIMUM 0.5 CEU'S [5 HOURS]

DOCUMENTATION REQUIRED **Please attach all CE documentation. Examples: certificate of attendance including the sponsoring agency, the licensee's name, the date of the activity, and the length of the session. For licensee presentations, a description of the subject material, the dates, and the hours involved must be submitted.**

AFFIDAVIT

Under penalty of perjury, I attest to the truth and accuracy of all statements made and answers provided in this application.

_____ _____
Signature of Applicant **Date**

Sworn to and subscribed before me this

_____ day of _____, 20_____.

_____
Notary Public
My Commission Expires_____ **NOTARY SEAL**