

APPLICATION FOR ACADEMY CEUs FOR AN INDIVIDUAL EDUCATIONAL ACTIVITY

Must be submitted no more than 90 days after the conclusion of the activity

Individual continuing education activities are those that are attended by or engaged in by a certified LSLS or professional seeking certification and *were not* pre-approved by the AG Bell Academy.

Individual activities may be approved by the Academy for continuing education units (CEUs) when the activity contributes to the ongoing professional development of the LSLS professional or those seeking the certification. Activities must be submitted for approval *within 90 days* of completing the activity and within six weeks of the professional's recertification *or* application deadline, and must meet learning objectives in at least one of the [Nine LSLS Domains of Knowledge](#).

Applications for approval received less than six weeks from the professional's recertification *or* application deadline will not be reviewed, without exception. Approved activities will be assigned an Academy code that participants must report on their application/renewal form. Additionally, approval notification will include a confirmation letter from the Academy to be included with application/renewal packets. A \$35 application fee is required for the review of all activities. Below are guidelines for professionals seeking the LSLS certification and for LSLS certified professionals that categorize appropriate educational activities typically approved for CEUs and the maximum CEUs that will be awarded for each:

LSLS applicants (80 CEUs required):

Continuing Education Activity	Minimum Hours Required	Maximum Hours Allowed
Attending Academy approved educational programs	50 CEUs Hours	70 CEUs Hours
Development and/or presentation of an Academy-approved program		10 CEUs hours
Publishing a peer-reviewed article		10 CEUs hours
Observation of LSLS certified professionals – must be accompanied by Attachment C-3 for each of the 10 hours of observation	10 CEUs Hours	

LSLS certified professionals (15 CEUs required for recertification):

Continuing Education Activity	Minimum Hours Required	Maximum Hours Allowed
Attending Academy approved educational programs	5 CEUs per renewal period	15 CEUs per renewal period
Development and/or presentation of an Academy-approved program		5 CEUs per renewal period
Publishing a peer-reviewed article		5 CEUs per renewal period
Observation of LSLS certified professionals – must be accompanied by Attachment C-3 for each of the 10 hours of observation		2 CEUs per renewal period
Mentoring a LSLS applicant (must be accompanied by the appropriate Mentor Evaluation attachment from the LSLS applications)		5 CEUs per renewal period
Service on a board or committee in an LSLS related organization		2 CEUs per renewal period

PART I – APPLICANT INFORMATION

Name: _____ LSLS Certificate Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

PART II – TOPICS COVERED

Please indicate the LSLS Domains addressed by the learning objectives:

- | | |
|---|---|
| <input type="checkbox"/> Hearing and Hearing Technology | <input type="checkbox"/> Strategies for Listening and Spoken Language Development |
| <input type="checkbox"/> Auditory Functioning | <input type="checkbox"/> History, Philosophy and Professional Issues |
| <input type="checkbox"/> Spoken Language Communication | <input type="checkbox"/> Education |
| <input type="checkbox"/> Child Development | <input type="checkbox"/> Emergent Literacy |
| <input type="checkbox"/> Parent Guidance, Education and Support | |
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PART III – ACTIVITY SUMMARY

Number of Educational Hours: _____

Type of Activity (*one activity per form*):

- Publishing a peer-reviewed article**

Article Title: _____

Publication Title/Date: _____

- Development/presentation of a new Academy-approved course or university curriculum**

Course Title/Approval code: _____

Date/Location of program: _____

- Mentoring a LSLS applicant (LSLS certified professionals only)**

LSLS applicant name: _____

Dates of mentored sessions: _____

Estimated application year of the applicant being mentored: _____

Structured observation of an LSLS certified professional

Name of LSLS Observed: _____

Date/Location: _____

Attending an educational program not pre-approved (by the provider) to offer Academy CEUs

Program name: _____

Program Date: _____ Instructor: _____

Name of program provider/organization: _____

Service on a board of committee in a LSLS related organization (LSLS certified professionals only)

Organization Name: _____

Your role (committee member, board member, etc.): _____

Dates of service: _____

PART IV – ACTIVITY DETAILS

Please include the following documents with your application:

- ✓ **Educational Activity Description/Purpose:** provide a brief (< 500 words) description of your activity and how it contributed to the enrichment of your LSLS knowledge.
- ✓ **Assessment of Learning:** List and explain at least three of your educational objectives and how they were achieved. Include an assessment of the number of educational hours devoted to each objective.
- ✓ **List of professionals who collaborated in the activity with contact info and credentials, including any relevant corporate or organizational affiliations.**
- ✓ **Description of any organizations that have collaborated or provided funding for your activity.**
- ✓ **Additional supporting documentation (as appropriate):**
 - For published articles, include a copy of published article (or link)
 - For observation of a LSLS professional, include a copy of attachment C-3 from the LSLS application with your feedback completed
 - For development/presentation of a new Academy-approved course, include a course description, approval code and syllabus

- For workshops/seminars, include a certificate of attendance or signed letter of completion from the program provider and a time-ordered agenda
- For mentors, include your Mentor Evaluation Report attachment from the LSLS application (for each session included in this application)
- For board of committee service in an LSLS related organization, include a letter of confirmation of your service from the organization (on official letterhead) or link to appropriate website page where you are listed

PART V – PAYMENT INFORMATION

Please provide payment information for the \$35 application processing fee:

Select payment method: <input type="checkbox"/> check or money order # _____ is enclosed in U.S. funds	
<input type="checkbox"/> please bill my credit card	
Credit Card Number	Expiration Date
Cardholder Name	Security Code
Billing Address	
Billing City, State	Billing Zip
Cardholder Signature	Date

Make check or money order payable and send form to:

AG Bell Academy for Listening and Spoken
 Language
 3417 Volta Place, NW
 Washington, DC 20007
Fax: (202) 337-8314
Email: academy@agbell.org