SASKATCHEWAN ASSOCIATION OF SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS

CEE Report for the Year Ending December 31, _____

Minimum Requirement: 45 CEEs over <u>three</u> years.

Please sign the "I Certify" block at the bottom of this page as well as the "Release Authorization" block on the reverse

SASLPA REGISTRATION #: _____

CASLPA CERTIFICATION #: _____
(if applicable)

o AUD

o S-LP

o AUD/SLP

CYCLE

____

Name: _____

Address: _____

_____
City Province Postal Code

(Maximum: 15 over three years)

SASLPA CONTINUING EDUCATION PROGRAM

		SPECIFIC								RELATED				
Description of Activity *(See reverse for Activity Codes)*	**Date**	**A** No Max	**B** No Max	**C** Max 5/yr	**D** Max 5/yr	**E** Max 8/yr	**F** Max 8/yr	**G** Max 8/yr	**H** Max 10/yr	**I** 15/3-yr	**J** 15/yr	**K** 8/yr	**L** 10/yr	**M** 5/yr
Totals not to exceed maximums: ⇨														
		No Max	No Max	Max 5/yr	Max 5/yr	Max 8/yr	Max 8/yr	Max 8/yr	Max 10/yr	15/3-yr	15/yr	8/yr	10/yr	5/yr

I certify *that the statements made by me on this form are complete and correct to the best of my knowledge and belief. I understand that a false statement may be cause for revocation or suspension of my certification.*

(Signature)_____(Date)_____

	+		=	
Specific		**Related** ***Max 15***		**Total**