



SPECIALTY BOARD ON FLUENCY DISORDERS
2560 RCA Blvd., Suite 106
Palm Beach Gardens, FL 33410

BRS-FD APPLICANT AND MENTOR ANNUAL REPORT

Note: On each anniversary of the specialty Board's approval of an applicant's Specialty Recognition Plan (SRP), the applicant and mentor must submit a report on the progress made towards completing the SRP. In addition to noting specific accomplishments towards meeting the specialty recognition requirements, the annual report must include any program plan modifications agreed upon by both the candidate and the mentor.

Applicant's Name:	
Address:	Date:
	Work Phone:
Home Phone:	Fax:
E-mail:	ASHA Number:

Mentor's Name:	
Address:	Date:
	Work Phone:
Home Phone:	Fax:
E-mail:	ASHA Number:

DIRECTIONS: Using the attached table, briefly describe any activities related to the SRP and the dates each were completed by the applicant during the preceding 12-month period. On a separate page, include any recommended changes in the applicant's SRP, with a statement of explanation for the proposed change. Both the Applicant and Mentor must sign and date below.

Applicant Signature	Date	Mentor's Signature	Date
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2560 RCA Blvd., Suite 106
 Palm Beach Gardens, FL 33410
 email: sbfd@bellsouth.net

ANNUAL REPORT FORM

Candidate				
Mentor				
Reporting Date				
CEU Activity Completed	Date	Title, presenter, location, and sponsor	CEUs	
	Total Time			

