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**Board Certified Specialist-Fluency and Fluency Disorders**

**FIVE-YEAR RENEWAL CONTINUING EDUCATION FORM**

Please complete the following form, request your official CE transcript from ASHA, and attach it to this form *prior* to sending it to the address listed at the top of this form.

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| **Name:**  **Organization:** | **Professional Address:**  **City, State, Zip Code:** |
| **Home Address:**  **City, State, Zip Code:** | **Daytime Phone:**  **Email:**  **Website:**  **ASHA #:** |

**Continuing Education Parameters for BCS-F Application:**

* Documentation of **10 CEUs** (100 contact hours) over the 5-year renewal period in the area of specialty certification. Continuing Education must be at the **Intermediate or Advanced Level**.
* Continuing Education must be from a **variety of sources** (direct participation in conferences/workshops; Journals; DVDs; Web-based CEUs). Additionally, at least half (**5 CEUs, 50 hours**) of your CE activity should be derived from **live events**. Live CE events can be attended in-person or online. DVDs, prerecorded trainings/workshops, and journal article self-study CEs are all considered **non-live**.
* Continuing Education must come from a **variety of topics** (80 hours must come from topics specifically related to Fluency and Fluency Disorders; 20 hours from other topics related to diagnosing and treating fluency disorders (e.g., speech, language, motor learning, cognitive, behavioral therapy, sensory processing, executive functioning, autism, counseling, other related disorders).
* Please be sure to scroll to the last page to include your totaled hours in each category

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| **BCS-F FIVE-YEAR RENEWAL CONTINUING EDUCATION ACTIVITY** | | | | | |
| **Date & Name of CE Activity** | **Number of**  **Contact Hours** | **Level:**  **Intermediate or Advanced** | **Source:**  **Conference, DVD, Journal, or Web-based** | **Mode:**  **In-Person Live, Online Live, Online Recorded, or Self-Study** | **Topic:**  **Fluency Disorders or Related** |
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| **Date & Name of CE Activity** | **Number of**  **Contact Hours** | **Level:**  **Intermediate or Advanced** | **Source:**  **Conference, DVD, Journal, or Web-based** | **Mode:**  **In-Person Live, Online Live, Online Recorded, or Self-Study** | **Topic:**  **Fluency Disorders or Related** |
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| **BCS-F FIVE-YEAR RENEWAL CONTINUING EDUCATION ACTIVITY** | | | | | |
| **Date & Name of CE Activity** | **Number of**  **Contact Hours** | **Level:**  **Intermediate or Advanced** | **Source:**  **Conference, DVD, Journal, or Web-based** | **Mode:**  **In-Person Live, Online Live, Online Recorded, or Self-Study** | **Topic:**  **Fluency Disorders or Related** |
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| **Totals** | |
| Live CEUs (at least 50 hours) |  |
| Non-Live CEUs |  |
| CEUs directly related to Fluency and Fluency Disorders (at least 80 hours) |  |
| Other Related CEUs |  |
| Total CEUs (at least 100 hours) |  |