

# Speech-Language Pathologist & Audiologist Licensing Continuing Education (CE) Reporting Form

Name: \_\_\_\_\_

CE Report Due Date: \_\_\_\_\_

License #: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_

1. Practice Area:

\_\_\_\_\_ Speech Language Pathologist (SLP)

\_\_\_\_\_ Audiologist (AUD)

\_\_\_\_\_ Dual (SLP-AUD)

2. Do you hold a current Minnesota teaching license as a SLP with the MN Professional Educator Licensing & Standards Board (PELSB)?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

3. If yes, are you reporting activities that meet PELSB CE requirements to meet MDH SLP CE requirements?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

If yes, complete the [Affirmation of Speech-Language Pathologist Holding a MN PELSB License form](#) and attach with this form.

## Submitting this form

Please upload your completed CE Reporting Form with your renewal application in the [Minnesota Department of Health Licensing System](#).

**Do not submit certificates of course completion or transcripts unless MDH requests this information.** Please retain your certificates of course completion or transcripts with a copy of this form for your records.

## Continuing Education Requirements

Courses must be completed between the effective and expiration dates of the license. MN Statute 148.5193, subdivision 1(b) requires licensees complete a minimum of 30 contact hours of continuing education within the two years immediately preceding licensure expiration. A minimum of 20 contact hours must be directly related to the licensee's area of licensure. Ten contact hours may be generally related to the licensee's area of licensure.

For the table below, convert your CEUs into contact hours. For example, if 1 CEU equals 10 contact hours, then multiple the number of CEUs by 10 to get the number of contact hours.

SPEECH LANGUAGE PATHOLOGIST & AUDIOLOGIST LICENSING CONTINUING EDUCATION REPORTING FORM

Name: \_\_\_\_\_

License #: \_\_\_\_\_

Title of workshop, presentation, seminar, or other activity	Name of presenter, sponsor or designee	Attendance date(s) (mm/dd/yy)	Contact hours	Directly or Generally Related?

SPEECH LANGUAGE PATHOLOGIST & AUDIOLOGIST LICENSING CONTINUING EDUCATION REPORTING FORM

Title of workshop, presentation, seminar, or other activity	Name of presenter, sponsor or designee	Attendance date(s) (mm/dd/yy)	Contact hours	Directly or Generally Related?

The above information is true and correct to the best of my knowledge and belief:

Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

All pages must be signed and dated within 30 days of submission.

Minnesota Department of Health  
 Health Regulation Division  
 Health Occupations Program – SLP/AUD Licensing  
 Phone: 651-201-4200  
[health.slpa@state.mn.us](mailto:health.slpa@state.mn.us)  
[www.health.state.mn.us](http://www.health.state.mn.us)

9/26/2025

To obtain this information in a different format, call: 651-201-4200.