



Continuing Education and Competency Program

Program Credits for Volunteering Submission Form

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| College Registrant's Name: | |
| CASLPPEI Registration #: | |
| Date of submission: | |

VOLUNTEERING ORGANIZATION INFORMATION

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|--------------------------------|--|
| Name of organization: | |
| Phone number of Organization: | |
| Name of Organization Contact: | |
| Email of Organization Contact: | |

VOLUNTEERING INFORMATION

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|--|
| Position/Duties: |
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|----------------------------|--|
| Hours worked/ volunteered: | |
| Dates Volunteered: | |

Signature of Supervisor/Manager: _____

Signature of Audiologist/ Speech-Language Pathologist: _____