



# North Carolina State Hearing Aid Dealers and Fitters Board

## CONTINUING EDUCATION REPORT OF PROGRAM ATTENDANCE (F24-CER)

**Reporting Fee: \$15.00**

*Note:* 21 NCAC 22F Section .0200 CONTINUING EDUCATION contains all NC rules about obtaining and reporting continuing education to meet license renewal requirements. Licensees are responsible for reviewing and understanding regulatory requirements. 22F .0202(b): The CEU Accrual Period for each license renewal shall be the calendar year preceding license renewal. 22F .0201(3): "CEU reporting deadline" means the tenth day of January which immediately follows the CEU Accrual Period. Follow Rule 22F .0207 for recording CEU credit with the Board. Only this approved form is accepted for attendance verification.

Complete the online CEU Verification Report and **print confirmation sheet as a cover sheet** to mail form or payment.

Electronically submitted forms should not be mailed – keep the form for your records until credits are posted online.

**Mail form and fee to: NC Hearing Aid Dealers & Fitters Board, 3801 Lake Boone Trail, Ste 190, Raleigh, NC 27607**

|  |  |                   |
|--|--|-------------------|
| Course ID #: <b>24-20755</b>   | Title: <b>SCHAS Carolina Hearing Care Conference</b>             |                   |
| <b>Print Name:</b>   | <b>Licensee Signature:</b><br>("I attended as shown below")      |                   |
| <b>Program Dates and Locations:</b><br>(licensee initial the program date of attendance) | <u>    </u> <b>October 18-20, 2024</b> <b>Carolina Beach, NC</b> | <b>License #:</b> |

**Total number of CEUs earned** \_\_\_\_\_  
[format: 0.10]

|                             |        |       |
|-----------------------------|--------|-------|
| Program Provider Signature: | Title: | Date: |
|-----------------------------|--------|-------|

**FOR BOARD USE ONLY:**

EU \_\_\_\_      Category 1: \_\_\_\_      Category 2: \_\_\_\_      Course ID: **24-20755**

Provider Roster Verified \_\_\_\_      Content \_\_\_\_      Fee \_\_\_\_      Pmt Id \_\_\_\_

CEU Verification Report \_\_\_\_ or Provider Submitted \_\_\_\_      License No. \_\_\_\_\_

**CONTINUED FROM PAGE 1**

|                              |   |
|------------------------------|---|
| Course ID #: <b>24-20755</b> | Title: <b>SCHAS 2024 Carolina Hearing Care Conference</b>   |
| <b>Print Name:</b>           | <b>Licensee Signature:</b><br>(“I attended as shown below”) |

|  |                            |                           |                   |
|--|----------------------------|---------------------------|-------------------|
| <b>Program Dates and Locations:</b><br>(licensee initial the program date of attendance) | <b>October 18-20, 2024</b> | <b>Carolina Beach, NC</b> | <b>License #:</b> |
|--|----------------------------|---------------------------|-------------------|

|                  | <i>SESSION TITLE</i>   | CEUs | <i>ATTENDANCE VERIFICATION*</i> |
|------------------|--|------|---------------------------------|
| <b>DAY ONE</b>   |  |      |                                 |
| 1                | Harassment (Sexual or Otherwise): Impending Workplace Catastrophe          | 0.20 |                                 |
| 2                | Communicating with Impact and Empathy                                      | 0.15 |                                 |
| <b>DAY TWO</b>   |  |      |                                 |
| 3                | Knowing your Patient’s Personality and Style                               | 0.20 |                                 |
| 4                | Counseling Techniques Supporting Standard Care                             | 0.15 |                                 |
| 5                | IHS Update   | 0.10 |                                 |
| 6                | Treating Hearing Loss in Adults: A Continuum of Care                       | 0.10 |                                 |
| 7                | Ethics in the Hearing Healthcare Environment-<br>What are Your True Colors | 0.20 |                                 |
| <b>DAY THREE</b> |  |      |                                 |
| 8                | Elder Abuse Takeaways  | 0.20 |                                 |
| 9                | Strategies for Handling Difficult Patients Style                           | 0.10 |                                 |

*\*PROGRAM ATTENDANCE SHOULD BE VERIFIED ON SITE:* Obtain hand-written signature of the program sponsor's representative OR session speaker for each session/part attended.

*ALTERNATE VERIFICATION PROCEDURE:* For each page of the report, the program sponsor's representative shall:

- (1) initial or stamp all sessions/parts attended, in the above column labeled “ATTENDANCE VERIFICATION,” and
- (2) record the total number of CEUs earned, and sign the bottom of each page.

|                             |        |       |
|-----------------------------|--------|-------|
| Program Provider Signature: | Title: | Date: |
|-----------------------------|--------|-------|

**INSTRUCTIONS (excerpts—See Rule 22F Section .0200 for all regulations) Eff. March 1, 2018.**

**21 NCAC 22F .0207 RECORDING CEU CREDIT**

- (a) A licensee shall have proof of attendance in order to record CEU credit with the Board:
  - (1) For pre-approved CE Programs, the program sponsor shall provide each licensee in attendance with the approved CE Program Report of Attendance. At the conclusion of each session, the program sponsor's representative or the session speaker shall sign the CE Program Report of Attendance of each licensee in attendance in the space provided for attendance verification. Alternatively, a program sponsor may initial or rubberstamp the space for session attendance verification after each session and then sign the bottom of each page of the Report of Attendance at the end of the program; or
  - (2) If the CE Program is not pre-approved, the licensee shall print a generic CE Program Report of Attendance from the Board website and take it to the program to complete the session titles as listed on the program sponsor's agenda presented to participants on the day of the continuing education event. The licensee shall obtain the hand-written signature of the program sponsor's representative or the session speaker on the report of Attendance at the end of each session.
- (b) The program applicant shall submit a roster of licensees who attended a CE Program no later than 30 days following completion of a pre-approved CE Program:
  - (1) If the program applicant is recording CEU credit with the Board on behalf of licensees, the payment of the recording fee as set forth in Rule 21 NCAC 22A .0501 and an original Report of Attendance for each licensee shall accompany the submission of the roster; or
  - (2) If licensees are responsible for recording CEU credit with the Board, including paying the recording fee, the program applicant shall provide the original signed Report of Attendance form to each licensee at the end of the program, and shall submit only the roster.
- (c) The Board shall accept the Board form entitled "Continuing Education Report of Program Attendance" for attendance verification when recording CEU credit. The Board shall reject certificates of attendance issued by any entity other than the Board as proof of attendance or as verification of CEU credit earned.
- (d) A licensee shall record CE Program CEU credit with the Board by submitting all of the following:
  - (1) an electronic CEU Verification Report;
  - (2) an original Report of Attendance; and
  - (3) a recording fee for each CE Program as set forth in Rule 21 NCAC 22A .0501.
- (e) A licensee shall record self-study CEU credit with the Board as set forth in Rule .0208 of this Section.
- (f) The Board shall accept an electronic image of the Report of Attendance as the original Report of Attendance when submitted electronically in conjunction with a CEU Verification Report or a roster.
- (g) A licensee shall record sufficient Board-approved CEU credit to satisfy the continuing education requirement for license renewal by the CEU reporting deadline, which is the 10th day of January immediately following the CEU Accrual Period.
- (h) A licensee's failure to record sufficient CEU credit with the Board by the CEU reporting deadline shall be grounds for disciplinary action.

**21 CAC 22F .0202 ANNUAL CONTINUING EDUCATION REQUIREMENTS**

- (a) A licensee shall complete and record with the Board 10 hours(1.00 CEU credit) of Board-approved continuing education annually, from sessions assigned to Category 1 in accordance with Rule .0203 of this Section.
- (b) The CEU Accrual Period for each license renewal shall be the calendar year preceding license renewal. CEU credit cannot be carried over from one CEU Accrual Period to the next, even if the CEU credit earned exceeds the license renewal requirement.
- (c) An individual who passes the licensing exam during a CEU Accrual Period shall have satisfied the continuing education requirement for the corresponding license renewal.

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***Pursuant to N.C.G.S. 25-3-506 and 21 NCAC 22A .0501 (14), a processing fee of \$25.00 will be charged for any check on which payment is refused by the payor bank.***

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**21 NCAC 22F .0206(b)-(d) CE PROGRAM MODIFICATION Eff. September 1, 2013.**

- (b) The program sponsor shall submit documentation regarding any modifications to an approved program to the Board within 30 calendar days after the CE Program completion date and shall notify program participants that approved CEU credit is subject to change due to modifications in the agenda.
- (c) The program sponsor shall write all program modifications in the appropriate section on the Report of Attendance and sign the form in the area designated for CE Program modifications if any session of an approved CE program is modified after publication of the program announcement or after submission of the program application to the Board.
- (d) The Board may modify its approval of sessions and the CEU credit allowed when a program is changed after receiving Board approval. The Board shall update the program status on the website to reflect CEU credit changes.

|                              |                         |
|------------------------------|-------------------------|
| <b>Change Program Title:</b> |                         |
| <b>Change Date:</b>          | <b>Change Location:</b> |

**OTHER PROGRAM MODIFICATIONS:**

|                                    |               |              |
|------------------------------------|---------------|--------------|
| <b>Program Provider Signature:</b> | <b>Title:</b> | <b>Date:</b> |
|------------------------------------|---------------|--------------|