

Instructions for Completing Additional Offerings List

- **Deadlines:** The Additional Offerings List and cooperative fees (if applicable) must be received by the CEB no fewer than 3 days before all of the additional offerings starting dates.
- Additional Offerings List and cooperative fees (if applicable) must be complete and compliant with CEB Requirements by the deadline (see above). Incomplete or non-compliant registrations must be appealed to the Continuing Education Board.
- Send the Additional Offerings List and cooperative fees (if applicable) to:
 - Fax: 301-296-8574, or
 - Mail: American Speech-Language-Hearing Association, ASHA Continuing Education Registry, #340, 2200 Research Blvd, Rockville, MD 20850
 - Mail cooperative offerings: American Speech-Language-Hearing Association, ASHA Continuing Education Registry, P.O. Box 1160 #340, Rockville, MD 20849

Provider Code	Enter the 4-letter code assigned to the Provider by ASHA (e.g., ABXX).
Course Number	Enter the course number used on the Course and Offering Registration Form.
Provider Name	Enter the name of the ASHA Approved CE Provider.
Course Title	Enter the title used on the Course and Offering Registration Form.
Dates	List only those offerings not previously submitted to ASHA CE. Provide starting dates and ending dates in MM/DD/YY format. ASHA CE is now assigning offering numbers. You will receive an email confirming receipt of the offerings with the offering numbers assigned.
City, State, Country	Provide the physical location where the course will be offered. Leave blank if distance learning.
Cooperative Offering?	Check yes for each course offering to be conducted with another organization. See <i>CEB Manual, Section 3</i> .
Cooperative Organization	Provide the name of the cooperative organization, the name of the contact person at the cooperative organization and a phone and email address of the contact. If there are multiple cooperative organizations, attach a list of offering dates and the name of the cooperative organizations, the name of the contact person at each of the cooperative organizations and a phone and email address.
Cooperative Payment Information	The appropriate cooperative offering fee must be submitted with the Additional Offerings List unless the cooperative organization is also an ASHA Approved CE Provider. See fee schedule . Attach a check (payable to ASHA) in the appropriate amount or complete all credit card information requested.
Signature and Date	Sign and date.