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Section 1: Introduction

Purpose and Organization of this Manual

This manual is for both organizations seeking ASHA Approved CE Provider status as well as those that have attained ASHA Approved CE Provider status from the Continuing Education Board (CEB) of the American Speech-Language-Hearing Association (ASHA). The manual is organized into six sections.

Section 1: Introduction

This section contains background information about ASHA, the CEB, and the ASHA Continuing Education (CE) Program.

Section 2: ASHA CE Provider Approval

This section contains information about the ASHA Approved CE Provider application process and the 12 basic requirements that organizations must meet to achieve and maintain Approved CE Provider status.

Section 3: Policies and Procedures

This section provides general information about the structure and function of ASHA’s CE Program and details the policies and procedures that pertain to both ASHA Approved CE Providers and the participants at their CE courses.

Section 4: Provider-Initiated Courses

This section details the process ASHA Approved CE Providers must follow to plan, file, promote, implement, evaluate, and report courses offered for ASHA Continuing Education Units (CEUs).

Section 5: Independent Study

This section details the process Providers and participants must follow to plan, implement, evaluate, and report independent study courses offered for ASHA Continuing Education Units (CEUs).

Appendices

This section contains reference materials cited in Sections 1 through 5, as well as a glossary and an index.
Background and History

ASHA

ASHA is the national professional, scientific, and credentialing association for more than 198,000 members and affiliates who are audiologists, speech-language pathologists, speech, language, and hearing scientists, audiology and speech-language pathology support personnel, and students. Audiologists specialize in preventing and assessing hearing and balance disorders as well as providing audologic treatment, including hearing aids. Speech-language pathologists identify, assess, and treat speech and language problems, including swallowing disorders.

Founded in 1925 as the American Academy of Speech Correction, the organization became the American Society for the Study of Disorders of Speech in 1927, the American Speech Correction Association in 1934, and the American Speech and Hearing Association in 1947. In 1978, it assumed its present name.

Vision
Making effective communication, a human right, accessible and achievable for all.

Mission
Empowering and supporting audiologists, speech-language pathologists, and speech, language, and hearing scientists through:

- advancing science,
- setting standards,
- fostering excellence in professional practice, and
- advocating for members and those they serve.

ASHA's Continuing Education Program

Since its founding in 1925, ASHA has provided its members with opportunities to continue their professional education, traditionally through meetings and conventions. The first short courses "officially" were offered at an ASHA convention in the mid 1930s. Local, state, and national professional associations as well as hospitals, schools, private organizations, and universities also have provided continuing education (CE) on a formal and informal basis throughout the history of the professions. The 1960s brought an increase in the demand for, and provision of, formal CE opportunities. ASHA's Executive Board, recognizing the importance of CE to the professions, established the Continuing Education Committee in 1966. Over the next 13 years, the CE Committee gathered information from members, state associations, licensing agencies, and other professions about CE practices, offerings, and requirements.
Originally, in the 1970s, the CE Committee and the ASHA Executive Board believed that CE should be required for renewal of ASHA’s Certificates of Clinical Competence. A plan for mandatory CE was presented to the ASHA Legislative Council in 1974. The Legislative Council adopted a resolution that included publication of the proposed plan, solicitation of member comments, and development of a revised plan responsive to those comments. After review of responses from members, state associations, licensure boards, and regional groups, the CE Committee presented a revised plan for mandatory CE to the Legislative Council in 1978. Although the Legislative Council affirmed its commitment to the public to maintain professional currentness, it reversed its position on mandatory CE and instead requested that a voluntary plan be presented in 1979. The activities of the CE Committee, begun in 1966, culminated in the adoption by the Legislative Council of a voluntary CE plan in 1979.

Phase I of the CE Program, implemented in 1980, included the following: a system for review and approval of providers of group instructional courses, a national CE Registry to maintain records of approved CE providers and participants' transcripts, a CE Information Clearinghouse, ASHA (National Office) sponsored CE courses, and the Award for Continuing Education (ACE). Phase II of the CE Program, ratified by the Legislative Council in 1982, expanded the CE Program to include participant-initiated courses, such as independent study. Phase II of the CE Program was initiated in 1984.

The CE Program has shown steady growth over the years. In 2018, ASHA's CE Program had over 540 Approved providers in the United States, Canada, Europe, and the Middle East. The ASHA CE Registry maintains transcripts for over 260,000 individuals and issues over 3,600 transcripts annually (at participants' request) to licensing and certifying agencies, employers, and the like. Each year, more than 134,000 individuals add new CE courses to their cumulative CE Registry records. ASHA Approved CE Providers offer over 38,000 different Course Offerings annually, with a total attendance in excess of 600,000 participants. There are over 200 ASHA Approved Independent Study Providers who file independent study plans with the ASHA CE Registry. Each year, ASHA's CEB issues over 5,700 Awards for Continuing Education (ACE).

It is the responsibility of the CE Program to make an impact on individual professional competencies by helping individuals to acquire the knowledge necessary to (a) maintain competence within the scope of professional practice, (b) maintain currentness within the scope of professional practice, and (c) expand the information base related to human communication and its disorders.

**Components of ASHA's Continuing Education Program**

ASHA is committed to providing quality CE experiences for its members and certificate holders. To fulfill this commitment, the Association, through its CE Program, maintains
• a system of approval and ongoing review of organizations offering continuing professional education for audiologists, speech-language pathologists, and speech, language, and hearing scientists,
• a system to document participants' continued learning with an internationally recognized unit of measure—the ASHA Continuing Education Unit (CEU),
• records of ASHA Approved CE Providers, their Course Offerings, and participants' records of participation in Approved Providers’ CE offerings,
• ASHA CEFind to help participants locate ASHA Approved CE Providers’ courses to meet their learning needs, and
• an Award for Continuing Education (ACE) Program to recognize participants' exemplary CE achievements.

Standards Behind ASHA’s Continuing Education Program

ASHA's requirements for initial and ongoing ASHA Approved CE Provider status, as well as ASHA's requirements for the Continuing Education Unit (CEU), are based on the standards established in 1968 by a U.S. Department of Education task force. That task force created the standards for the CEU, a uniform unit of measure for continuing education and training programs similar to the credit hour system in higher education. In 1977, the task force created a membership organization called the Council on the Continuing Education Unit. The organization's name was changed in 1990 to the International Association for Continuing Education and Training (IACET) to reflect an expanded mission.

IACET continues to be the caretaker of the standards. The association conducts research and development projects directed toward effective practices in CE and training, disseminates effective teaching and learning practices for adults, and educates the public about the CEU. IACET created and maintains the ANSI/IACET Standard for Continuing Education and Training.

Continuing Education Board (CEB)

Charge
ASHA's CEB is charged with (a) formulating procedures for the review of the Registry of CE participants and their courses, applications, and reports of ASHA Approved Providers’ CE courses, and (b) implementing policies regarding Approved CE Providers and CE courses.

The CEB has a minimum of eight members, including the chair. In addition, an ex officio for the ASHA executive director serves on the CEB. The CEB is monitored by ASHA's Vice President for Standards and Ethics in Audiology and the Vice President for Standards and Ethics in Speech-Language Pathology. The CEB has one standing committee, the Regulations and Monitoring Committee, as well as several ad hoc committees that address emerging issues and program development needs.
Mission
The mission of ASHA's CEB is to support and facilitate professional development by (a) assisting individuals in the management of lifelong learning, (b) encouraging the availability of quality, relevant CE opportunities, and (c) recognizing individual accomplishments in CE.

The CEB, through the CE Program, is providing the framework within which to accomplish this by

Assisting individuals in:
- determining needs
- setting CE goals
- implementing professional development
- evaluating outcomes
- documenting participation

Providing support and development of ASHA Approved Providers of CE

Recognizing individual accomplishments through a variety of mechanisms, including:
- CE Registry transcripts
- the ACE
- letters to employers
- recognition on ASHA's Web site
- recognition by the individual's state association
- recognition at national and state conventions

ASHA National Office Continuing Education Staff
The CEB makes recommendations about policies and procedures that have an impact on the CE Program. The implementation of new policy and the ongoing maintenance of existing CE Program policies and procedures are managed by ASHA CE staff at ASHA's National Office. The staff serves as a liaison among the CEB, ASHA Approved CE Providers, and CE participants. The staff is charged with the management of the CE Program at the direction and approval of the CEB and ASHA's Board of Directors.
Section 2: ASHA CE Provider Approval

Benefits of ASHA Approved CE Provider Status

Becoming an Approved Continuing Education (CE) Provider through ASHA's CE Program has many benefits. They include:

- national recognition as an ASHA Approved Continuing Education Provider and recognition by peers for offering a high-quality continuing education programs
- a guarantee that your organization’s ASHA CEUs will apply toward the ASHA Award for Continuing Education (ACE)
- a guarantee that your organization’s ASHA CEUs may be used by many professionals for renewal of state licensure
- permission to use the ASHA Approved CE Provider Brand Block on Approved Provider promotional materials
- exposure to a market of over 198,000 speech-language pathologists and audiologists
- networking opportunities with other ASHA Approved CE Providers
- promotion of CE courses on ASHA’s Web site
- identification as an ASHA Approved CE Provider on ASHA’s Web site
- computerized CE record-keeping system
- technical assistance with program planning, brochures, marketing, etc.
- an ASHA Approved CE Provider newsletter, Intersections: Connect, Exchange, Accomplish, published three times a year
- discounts on ASHA advertising vehicles and mailing lists/labels
Applying for ASHA Approved CE Provider Status

Organizations Qualified to Apply
Any organization that offers CE programs for speech-language pathologists, audiologists, and/or speech, language, and hearing scientists may apply to become an ASHA Approved CE Provider if that organization

- is chartered, incorporated, or a recognized government unit. Educational institutions offering academic degrees must be accredited by a regional accrediting agency or an accrediting agency recognized by the U.S. Department of Education,

- has a well-defined organizational structure in which the responsibility and authority for administering CE courses is assigned to a particular group or unit, and

- meets the ASHA CEB's requirements for Approved Provider status.

Large complex organizations in which CE is conducted by various parts of the organization may choose to seek Approved Provider status for specific divisions, departments, colleges, or units, rather than for the entire organization. Whenever an applicant seeks Approved CE Provider status for more than one unit in an organization, it is the responsibility of the applicant to clearly identify the units and their fiscal, human, and resource relationship to each other and to the entire organization. The applicant may need to attach additional information to the application.

The CEB approves organizations to be providers of CE. The CEB reviews past course offerings as a representative sample of an organization's ability to adhere to the CEB requirements. Once approved, a Provider must submit documentation of the courses it offers to the CEB for review (not approval) at least 15 days before any course offerings starting date or 30 days for cooperative offerings. The CEB does not approve the content of individual course offerings. The CEB does, however, review courses for adherence to the CEB requirements.

Application Process
Organizations seeking approval to offer provider-initiated courses and/or to supervise independent study (i.e., participant-initiated) courses must submit an application for ASHA Approved CE Provider status. The application and directions for completing the application may be found at www.asha.org. The application must be signed by the individual who will be administratively responsible for the Provider's CE program (designated the ASHA CE administrator). An Approved Provider Agreement Form also is required from the applicant. It must be signed by the applicant's chief executive officer or the person designated to be the ASHA CE administrator. To apply for ASHA Approved CE Provider status:

1. **Review the Continuing Education Board (CEB) requirements.** Before making a formal application for ASHA Approved CE Provider status, the applicant must
review the CEB requirements thoroughly and be able to document that requirements can be met.

2. **Conduct a self-assessment.** After reviewing the requirements, the applicant should conduct a self-assessment of the organization's resources and ability to meet CEB requirements. Although the primary purpose of any self-assessment process is to help the organization become more effective, it also can help an organization determine if it is ready to make a formal application for ASHA Approved CE Provider status. The CEB requirements are an excellent guideline for assessing an applicant organization's present abilities and resources. If the self-assessment reveals areas that need improvement, the organization should delay the formal application until improvements are made.

3. **Complete the application.** Directions for completing the application are included with the application form found at www.asha.org. Read the directions and application thoroughly before completing it. Send the application and attachments, the Approved Provider Agreement Form, and the nonrefundable application fee to the Continuing Education Board. Each copy of the application must be accompanied by the attachments.

**Application Review Process**

1. **Review by National Office staff.** ASHA Approved CE Provider applications are received in the ASHA National Office by ASHA Continuing Education staff year-round. The applications are reviewed for completion and proper application fees. Staff may ask for additional information if applications are received in an incomplete form. This will delay the application's reaching the Continuing Education Board (CEB).

2. **Review by Continuing Education Board.** When the application is complete, the application is sent to a team of CEB members for review. The review process takes a minimum of 6 weeks for completion. The CEB reviews the application to determine the applicant's ability to comply with each of the requirements. The CEB looks for (a) documentation of the organization's current practices that demonstrate compliance with requirements, (b) descriptions of current practices, and (c) statements of plans for complying with specific CEB requirements and procedures.

3. **Request for further clarification.** If the reviewers have questions about or need further clarification regarding any part of the application, the CEB will ask the applicant to provide additional information. Upon receipt of the additional information, the CEB reviewers again determine whether or not an organization appears to meet the requirements. If a clarification response is not received within 45 days, notification is sent from the CEB chair that the applicant's review will be terminated. The applicant then has an additional 45 days to provide the additional information or clarification. If the applicant does not respond within the period, the file is closed.
4. **Completed reviews.** Once the CEB members complete a review of the application, the results are mailed directly to ASHA CE staff at the ASHA National Office. ASHA CE staff communicate the CEB's decision to the applicant.

5. **Approved applicants.** Applicants are notified of their approval by a letter from the Chair of the CEB. The organization is invoiced for Provider annual fee. The Provider annual fee is a calendar year fee. ASHA does not prorate the Provider annual fee. For example, an organization approved in October 2019 must pay the annual fee for the year approved (2019) and will need to pay the following year’s annual fee (2020) by December 31, 2019.

Payment of the annual fee and completion of an onboarding process activates the organization's Provider status. Approved organizations pay the full annual fee regardless of the month approval is granted. Approval is for a 5-year period, during which ongoing monitoring by the CEB takes place.

6. **Applicants that are denied.** Applicants that do not provide adequate evidence of meeting the CEB requirements will not be approved. The reasons for denial of Provider approval will be specified in writing to the applicant. The applicant may appeal the CEB's decision. The first level of appeal is a request for reconsideration by the entire CEB. If the CEB sustains its negative decision, the applicant then may appeal the decision to the Board of Directors of ASHA. The CEB will provide an explanation of its appeals procedure to the applicant. The CEB appeals procedures are described in Section 3.

**Confidentiality**

Each application and the entire application review process is treated as a confidential matter by the CEB and ASHA CE staff. The CEB seeks to maintain the integrity of the Provider approval process by respecting the confidentiality of information provided by the applicant and simultaneously releasing essential information to the public. The following information may be released by the CEB:

- names of applicant organizations
- names of ASHA Approved CE Providers and the approval period dates
- names of ASHA Approved CE Providers whose approval has been withdrawn by the CEB
- names of organizations that voluntarily withdraw as an ASHA Approved CE Provider

**Conflict of Interest**

The integrity of the Provider application review process must be preserved. CEB members must not be influenced in any way that would interfere with the objective review, evaluation, and approval or disapproval of any applicant organization.

It is imperative that applicants, reviewers, staff, and Providers avoid conflicts of interest or even the appearance of a conflict of interest that might interfere with a fair
and objective review. A conflict of interest may exist if there is a personal, financial, or professional relationship between the applicant organization and those who are charged with the responsibility for reviewing that organization's application. An apparent conflict of interest is a circumstance in which others could reasonably infer that a conflict of interest exists when the person in question has no actual stake in the outcome and is confident that as a reviewer his or her objectivity would not, in fact, be compromised. CEB members should not participate in Provider approval procedures in which a real or apparent conflict of interest exists. In particular, they should not participate in the evaluation of applications whose outcome might, in any way, affect the interest of an organization or institution with which the CEB member, an immediate family member, or close personal associate is an employee, consultant, officer, director, trustee, partner, or has a financial interest, current or prospective.

CEB members are expected to decline to participate in deliberations or actions on any application that they believe present a real or apparent professional, personal, or financial conflict of interest. The same standards apply to CEB members and Board of Director members, who should abstain from participating in appeal proceedings concerning organizations with which they have some connection or relationship that could be construed as a real or apparent conflict of interest.
Maintaining ASHA Approved CE Provider Status

Requirements for Ongoing ASHA Approved CE Provider Status
Providers are approved for a 5-year period. However, a Provider's ability to provide high-quality CE courses is monitored on an ongoing basis by the CEB. In order to maintain ASHA Approved CE Provider status, a Provider must

- continue to meet the 12 requirements upon which initial Provider approval was based or meet any additions or revisions to the requirements as notified by the CEB;
- meet the required practices and follow the policies and procedures that are described in this manual and in subsequent revisions to the manual as communicated to the Provider by the CEB;
- register ASHA CE courses by submitting a Course and Offering Registration (see Section 4), to be received by the CEB at least 15 days before the starting date of each course offering or 30 days for cooperative offerings;
- submit a Course Offering Report Form and ASHA CEU Participant Forms, if applicable (see Section 4), to be received by the CEB no more than 45 days after the ending date of each course offering;
- participate in the Provider 5-year review process (see following and refer to Section 3 for additional information about the Provider 5-year review);
- pay all application fees, annual Provider fees, co-op fees (when applicable), and late fees (when applicable).

Five-year review of Providers
Provider approval is for a 5-year period. The 5-year period starts from the date of initial Provider approval by the CEB. The letter from the CEB to the Provider indicating approval of the application will indicate the dates for the 5-year approval period. Information about the 5-year review will be issued to the Provider's CE administrator in advanced of the Provider approval expiration date. Providers are required to update general information to provide evidence of continuing adherence to CEB requirements when such documentation is not contained in a Provider’s records housed at the ASHA National Office. The CEB charges a fee to evaluate 5-year review materials. The CEB reserves the right to request additional information upon evidence of noncompliance with the CEB requirements.

The Provider will be notified of the status of the review and notified of continued Provider approval or other status determined by the CEB as a result of the review. If the review is satisfactory, the Provider will be approved for an additional 5-year period. Subsequent 5-year review cycles follow a similar pattern, with each review date based on the previous approval expiration date.
Ongoing Monitoring of Providers
A sustained level of high-quality programming is essential for maintaining ASHA Approved CE Provider status. Therefore, the CEB reserves the right to monitor compliance with the CEB requirements and to investigate complaints of possible violations of the requirements or of the Approved Provider agreement.

The CEB will notify the Provider’s CE administrator in writing if the Provider is under review. When the review is completed, the Provider will receive a written response from the CEB concerning the CEB's actions. The CEB may use a variety of monitoring techniques, including any or all of the following:

- Review of records required in the Approved Provider agreement. Records may be reviewed at the Provider's location, the ASHA National Office, or another location determined by the CEB.

- Review of documentation (e.g., material related to needs assessment, program planning, learning resources, instructional personnel, learner assessment, program evaluation, record keeping, promotional materials, policies, and operations) deemed essential for compliance with CEB requirements. Records may be reviewed at the Provider's location, the ASHA National Office, or another location determined by the CEB.

- Visits and assessment of specific courses.

- Investigation of complaints or information regarding alleged violations of the CEB requirements or the Approved Provider agreement.

- Self-assessment conducted by the Provider.

Probation
A Provider may be placed on probation by the CEB for repeated and documented failure to comply with CEB requirements, policies, and/or procedures or for failure to participate in the Provider 5-Year Review, as scheduled. The Provider may be placed on probation for not more than 1 year. The reasons for probation will be specified in a written report to the Provider’s CE administrator. During the period of probation, the Provider must provide evidence of a plan for compliance with the requirements established by the CEB. If, at the end of the probationary period, the Provider continues not to be in compliance, approval will be withdrawn. The CEB may withdraw Provider approval at any time during the probationary status period if the situation warrants. If Provider approval is withdrawn, any fees credited to the program will be forfeited; any fees outstanding will be due. Refer to “Appeals Process” in Section 3 for additional information about Provider sanctions and the CEB’s due process and appeals procedures.

Withdrawal of Provider Approval
The CEB reserves the right to withdraw ASHA Approved CE Provider status, following due process, if an organization (a) provides false information on the application or subsequent Provider reviews, (b) fails to conduct CE courses in
compliance with the CEB requirements, (c) fails to comply with the conditions listed in the CE Provider agreement, (d) fails to maintain the organizational and administrative requirements necessary for ASHA Approved CE Provider status, and/or (e) fails to meet the requirements placed upon the Provider during a probationary or inactive status.

In most cases, a Provider is placed in a probationary or inactive status before having Provider status withdrawn. The probationary or inactive period allows the Provider time to make necessary changes in order to meet CEB requirements.

When the CEB withdraws ASHA Approved CE Provider status, the Provider is notified in writing. The Provider has the right to appeal that decision. The appeals process is outlined in Section 3.

**Fees**

The cost of becoming an ASHA Approved CE Provider involves an application fee and an annual Provider fee. The application fee is submitted to the CEB with the application for ASHA Approved CE Provider status and is nonrefundable. The Provider fee, which is due annually, provides for the recognition and promotion of the Provider’s CE program, the regular listing of the Provider’s courses in ASHA CEFind, and other consultative and administrative functions. Providers who are approved after December 1 of a given year will be expected to pay an annual fee in the upcoming year and each year of approval thereafter. Providers who receive initial approval before December 1 of any given year will be expected to pay an annual fee for the year in which they are approved. Annual Provider fees are nonrefundable.

In addition, a co-op fee is charged when a Provider offers a CE course offering with an organization that is not an ASHA Approved CE Provider. The co-op fee must accompany the course and/or offering registration, which must be received by the CEB at least 30 days before the starting date of the course cooperative offering. Co-op fees are nonrefundable.
Requirements for ASHA CE Provider Approval

The following requirements for initial ASHA CE Provider approval, as well as for ongoing ASHA Approved CE Provider status. Guidelines clarify and interpret the requirement. Required Practices are mandatory. Additional Effective Practices are suggested but not mandatory.

Requirement 1: Organization

*The Provider (organization) must have an identifiable continuing education group or unit with assigned responsibility for administering continuing education courses.*

**Guidelines**

The continuing education group or unit is clearly identified within the Provider's organizational structure. The courses of the group/unit should support the organization's mission. This support may be evidenced by the group's/unit's own mission statement or by a similar document that defines the group's/unit's responsibilities.

Large complex organizations in which continuing education is conducted by various parts of the organization may choose to seek initial and ongoing Provider approval for specific divisions, departments, colleges, or units, rather than for the entire organization. Whenever an applicant seeks ASHA Approved CE Provider status for more than one group/unit in an organization, it is the responsibility of the applicant to clearly identify the units and their relationship (fiscal, human, and physical resources) to each other and the entire organization.

**Required Practices**

1.1 The administrative group/unit responsible for continuing education is clearly identified within the organization.

1.2 Assigned responsibilities of the continuing education group/unit support the organization's mission.

1.3 The group/unit administers continuing education programs as indicated in the group's/unit's mission statement or similar document.

1.4 There is a sense of stability and permanence to the organization and the continuing education group/unit.
1.5 The organization has sufficient fiscal, human, and physical resources to support the continuing education group/unit and program, as well as its continued improvement.

1.6 The organization and its staff demonstrate high standards of professional conduct and respect the rights and worth of the individuals served.

1.7 The organization has established written policies concerning the criteria for (a) refund of fees in the event a program is canceled or rescheduled by the Provider, (b) refund of fees when a participant cancels, and (c) the resolution of complaints from individuals not satisfied with the organization's continuing education services/programs. These policies should be stated clearly to participants (e.g., in promotional materials, in course handouts).

1.8 The organization has a system in place to retain all information related to CE course planning and registration for a period of 7 years.

**Additional Effective Practices (encouraged)**

- The mission of the continuing education group/unit is evident in policies, procedures, and programs.

- The continuing education policies and procedures are articulated clearly.

- There is evidence of commitment to organizational and program improvement.
Requirement 2: Responsibility and Control (Administration)

The Provider (organization), through its continuing education group/unit, ensures that the Continuing Education Board (CEB) requirements and procedures are followed.

Guidelines

Written internal policies should clearly show that the continuing education (CE) group/unit has the authority and responsibility to establish and implement review procedures that ensure that CE courses continually meet the ASHA Continuing Education Board's requirements. In jointly offered programs, assurance that requirements are met is the responsibility of the ASHA Approved CE Provider.

There should be designated professionals within the organization who have authority to administer and coordinate an organized schedule of CE courses. Sound administrative practices are a prerequisite for maintaining and continuously improving the quality of CE courses.

The organization will designate one person from the organization as the ASHA CE administrator. The CE administrator is the liaison and contact person between the Provider organization and the CEB. The professional designated by the organization as the CE administrator is responsible for seeing that all CEB requirements and procedures are followed.

If the CE administrator is neither an ASHA member nor a holder of one of the ASHA Certificates of Clinical Competence (i.e., certified by ASHA), the organization must designate a CE Content Consultant who is an ASHA-certified speech-language pathologist; audiologist; speech, language, or hearing scientist; and/or ASHA member. The CE Content Consultant must be involved in all continuing education course planning, implementation, and evaluation.

Required Practices

2.1 Internal policies of the organization clearly indicate that there is a review process, with oversight by the ASHA CE administrator that ensures adherence to the CEB’s requirements, including deadlines for submission of reports, forms, participant credit, etc.

2.2 The review process, authority, and responsibility for adherence to CEB requirements is conducted by an individual who has sound working knowledge of the CEB requirements and the professions of speech-language pathology and audiology.

2.3 The individual designated as the ASHA CE administrator should be an ASHA-certified speech-language pathologist, audiologist; speech, language, or hearing scientist; and/or ASHA member. If the CE administrator is neither an ASHA member nor certified by ASHA, the organization must designate a CE Content
Consultant who is a certified speech-language pathologist; audiologist; speech, language, or hearing scientist; and/or an ASHA member. The CE Content Consultant must be involved in all CE course planning, implementation, and evaluation and designated as the CE Content Consultant.

2.4 The review process incorporates the latest revisions in CEB requirements, policies, procedures, and guidelines.

2.5 If an ASHA Approved CE Provider agrees to offer a course with an organization that is not an approved provider, the Approved Provider must ensure adherence to the 12 CEB requirements. Such assurance requires that the Provider be significantly and directly involved in the planning, promotion, implementation, evaluation, and reporting of that course. (See Provider Requirements/Responsibilities Related to Cooperative CE Offerings in Section 3).

Additional Effective Practices (encouraged)

- The designated CE administrator has previous experience using the CEB requirements and other individuals involved in the review process are trained in and/or experienced in using the CEB requirements.

- The review process examines the use of additional practices beyond those spelled out in the CEB requirements to enhance program quality.

- Efforts toward program improvement are evident, including the use of data from needs assessments, learner assessments, and program evaluations from previous programs.
Requirement 3: Transparency in Course Planning, Delivery, and Marketing

The Provider (organization) must focus their courses on scientific and professional education, not product or service promotion. The Provider must have processes to resolve and disclose conflicts of interest. These processes must also address the management and disclosure of financial and in-kind support of CE courses. Additionally, the Provider must appropriately manage exhibits and advertising associated with CE courses.

Guidelines

The purpose of having processes to manage financial and in-kind support, exhibits/advertising, and conflicts of interest is to ensure that learners are informed of situations that might influence the content or presentation of courses. Disclosure contributes to a transparent relationship between providers and presenters of continuing education and consumers of that education.

Required Practices

3.1 The Provider must ensure that CE course content and the presentation focus on the science and/or contemporary practice of speech-language pathology and/or audiology. Attempts to persuade organizations and individuals involved in planning, implementing, or evaluating the course to favor, recommend, purchase, use, or promote a particular product, equipment, device, or service are not permitted. Likewise, attempts to persuade learners of the same are not permitted in courses offered for ASHA CEUs.

3.1.a The Provider must ensure that the sale or promotion of products or services are not the focus of CE course content and related materials.

Product and service promotion should not influence the following decisions:
(a) Identification of learning needs;
(b) Determination of learner outcomes;
(c) Selection and presentation of content;
(d) Selection of all persons and organizations that will be in a position to control the content of the course;
(e) Selection of educational methods;
(f) Assessment of learning outcomes;
(g) Evaluation of the course;
(h) Selection of facilities.

3.1.b Providers who offer courses about products or services or jointly plan courses with an organization that has products or services:
(a) Must provide information in a scholarly manner regarding (1) theoretical aspects related to the product or service and/or (2) the details of operation.
(b) Must disclose prior to the course that there will be limited or no information provided about similar products or services when a course is focused on a
specific product or service. Conversely, when a specific product or service is not presented, the use of trade and product names from several companies will be considered.

3.2 The Provider must have a written process in place to (1) identify relevant conflicts of interest, (2) determine if the existence of those conflicts of interest disqualifies an individual from being involved in the course planning and delivery, and (3) disclose conflicts of interest to learners. Conflicts of interest in continuing education arise when financial and/or nonfinancial considerations, relevant to the course content, compromise or have the potential to compromise professional judgment.

3.2.a The Provider must document that each individual developing and/or delivering course content has disclosed, prior to and during course planning, all existing and relevant financial and nonfinancial relationships.

3.2.b The Provider must have a process to identify relevant financial and nonfinancial relationships that have developed after course planning and prior to course delivery.

3.2.c Any individual involved in developing and/or delivering course content who refuses to disclose relevant financial and nonfinancial relationships will be disqualified and cannot have control of, or responsibility for, the planning, management, presentation, or evaluation of the CE course.

3.2.d The Provider must have a process to determine whether relevant conflicts of interest disqualify the individual from participation in course planning and/or delivery or if the conflicts may be resolved through disclosure.

3.2.e The Provider must have a process for disclosing relevant conflicts of interest for all instructional personnel.

3.2.f The Provider must ensure that instructional personnel disclosure is available to potential registrants in promotional efforts and at the start of the course.

3.2.g The Provider must ensure that the following information is disclosed to learners:
   - The name of the instructional personnel;
   - Relevant financial relationship(s): Listing the name of the organization and the type of financial relationship; and/or
   - Relevant nonfinancial relationship(s): Listing the name of the organization and the type of nonfinancial relationship; or
   - No relevant financial or nonfinancial relationships exist.

3.3 The Provider must manage and disclose all financial and in-kind support given by other organizations that is used to pay all or part of the costs of the CE course.
3.3.a The Provider must make all decisions regarding the allocation and disbursement of funds received from other organizations.

3.3.b The Provider must be able to produce accurate and detailed written documentation of:
- Names of organizations that provided financial and/or in-kind support,
- Dollar amount received from each organization,
- Monetary value and description of in-kind support received,
- How the money and in-kind support were used.

3.3.c As a condition of receiving financial and in-kind support, a Provider is not required to accept advice or services from contributing organizations concerning planners, instructional personnel, learners, course content, planning, implementation, or evaluation.

3.3.d If payment for planners and instructional personnel is involved, it must come directly from the Provider or cooperative party (or parties) involved in course content development, not from the other organization(s) providing financial or in-kind support for the CE course.

3.3.e The Provider may use financial or in-kind support received from other organizations to pay for travel, lodging and other expenses for learners. The Provider must manage the disbursement of this assistance.

3.3.f The names of other organizations contributing financial and in-kind support must be disclosed to learners prior to the beginning of the CE course.

3.4 The Provider must appropriately manage exhibits and advertisements associated with a CE course.

3.4.a The Provider controls decision making over placement of exhibits and advertisements and the time and place of social events or meals.

3.4.b Promotional activities, such as exhibits, commercial presentations, and printed or electronic advertisements, are prohibited in the physical or virtual location where CE courses are conducted. Likewise, promotional activities are prohibited as part of the instructional portion of CE courses. For example:
- Live, face-to-face CE courses: Display or distribution of advertisements and promotional materials is prohibited in the instructional space where the CE course is conducted.
- Print-based CE courses: Advertisement and promotional materials are prohibited within the pages of the CE content. Advertisements and promotional materials may face the first or last pages of printed CE content.
• Web/computer-based CE courses: Advertisements and promotional materials are prohibited on the screen, the web page, or as “pop-ups” where the CE content is displayed.
• Recorded CE courses: Advertisements and promotional materials are prohibited within the CE course. There will be no “commercial breaks.”

3.4.c Providers must ensure that products, equipment, or devices used in conducting the course are not sold or marketed as part of the instructional portion of the CE course.

3.4.d Print or electronic information distributed about the CE course that is not directly related to the transfer of education to the learner, such as schedules and content descriptions, may include product, service, or organizational promotion or product-specific advertisements.

3.4.e Print or digital course descriptions, promotional materials or advertisements must adhere to the following requirements:
• When referencing the credit offered, the specific types of CEUs, credit, or hours must be identified. For example, use the phrase “ASHA CEUs: versus “CEUs.”
• Advertising cannot include the phrase “free ASHA CEUs,” or any language implying or suggesting that the awarding of ASHA CEUs is free.
• The word “free” may be used when advertising a course that has no registration fee.
• If course registration is free, but the purchase of an item related to the course is required to participate in the course—for example, a book or a device—then this must be disclosed to the learner prior to their registering for the course.
• The acronym “CEU” should not be used to mean “course.” For example, say “New courses for ASHA CEUs” versus “New CEUs.”
Requirement 4: System for Offering and Verifying Continuing Education Units

*The Provider (organization) has an established procedure to identify participants who meet requirements for satisfactory completion of the course and who are qualified to earn ASHA Continuing Education Units (CEUs). There is also a system for maintaining permanent participant records for a period of at least 2 years.*

**Guidelines**

The ASHA CE administrator verifies and reports that each participant has (or has not) met the specified requirements for satisfactory completion of the course and is (or is not) eligible to be awarded ASHA CEUs. Only learners who successfully complete a program or course are awarded ASHA CEUs. This information, verified by the ASHA CE administrator, is reported to the CEB.

The Provider is expected to retain a record of each participant who successfully completes a course for ASHA CEUs and the number of ASHA CEUs earned. The record may be copies of the ASHA CEU Participant Forms (originals are submitted to ASHA), attendance rosters, typed or handwritten lists, or other documentation developed by the Provider to maintain the names of participants earning ASHA CEUs and the number of ASHA CEUs to be awarded.

Records must be maintained for a minimum of 2 years from the completion date of the course offering. These records are used by the Provider to verify and check the course roster sent to the Provider by the ASHA CE Registry. The system also ensures that back-up records are available in the event that original ASHA CEU Participant Forms are damaged, incorrect, or in the event that they never reach the ASHA CE Registry.

**Required Practices**

4.1 The Provider uses the internationally recognized quantitative measure, the Continuing Education Unit (CEU), to record learner participation.

4.2 The Provider has a process for calculating the number of ASHA CEUs available for each course. Sixty minutes or 1 clock hour is equal to 0.1 ASHA CEU. Ten clock hours equal one (1.0) ASHA CEU. Increments of less than an hour are rounded down to the nearest half-hour or hour when computing the total number of ASHA CEUs for a course.

4.3 In courses in which the method of educational delivery does not lend itself to easy translation to 1.0 ASHA CEU for 10 contact hours, the method of assigning credits should be described, and the Provider must justify the method of determining the number of ASHA CEUs.
for that course. The CEB reserves the right to evaluate and determine the appropriateness of the number of ASHA CEUs offered.

4.4 If a Provider initiated course is to be offered for ASHA CEUs, the Provider shall submit course and offering registration to the CEB that arrives no less than 15 days before the starting date of the first offering of the course. Subsequent offerings of the course must be registered no less than 3 days prior to the start date of the offering.

4.5 If a cooperative offering course is to be offered for ASHA CEUs, the Provider shall submit course and offering registration to the CEB that arrives no less than 30 days before the starting date of the first offering of the course.

4.6 If a course requiring pilot study is to be offered for ASHA CEUs, the Provider shall submit course and offering registration to the CEB that arrives no less than 15 days before the starting date of the first offering of the course.

4.7 The course description included on the course and offering registration should include the key learning outcomes for the course. Because the course description will appear on a CE participant’s official transcript after the course is completed, the description should be written in the past tense. Also, person-first language should be used in the course description and title (e.g., children with hearing impairments vs. hearing-impaired children). (See “Requirements for Writing Course Descriptions” in Section 4.)

4.8 The primary promotional materials for courses offered for ASHA CEUs must include the ASHA Approved CE Provider Brand Block and a required ASHA CEU sentence that indicates the number of ASHA CEUs to be offered for successful completion of the course and the instructional level and content area of the course. The Brand Block identifies the Provider as Approved to offer ASHA CEUs. (See “Requirements for Promoting ASHA Continuing Education Courses,” Section 4.)

4.9 The Provider has a systematic process for verifying attendance and identifying individuals who satisfactorily complete a course and are eligible to earn ASHA CEUs.

4.10 If earning ASHA CEUs is dependent on participant attendance, the Provider has an appropriate system in place to track and monitor participant attendance, especially with large conferences and conventions. For programs such as conventions and large conferences, the Provider has a system to track, calculate, and offer variable credit to participants who do not attend the entire course.
4.11 The Provider has a system in place to disseminate and collect information required on the ASHA CEU Participant forms at course offerings.

4.12 The Provider will submit a Course Offering Report Form for each offering initially submitted to the ASHA CE Registry on the course and offering registration. The Course Offering Report Form must be received by the CEB no more than 45 days after the completion date of the offering. The Course Offering Report Form is required even if a course offering is canceled or no participants earned ASHA CEUs.

4.13 The Provider will verify and submit all ASHA CEU Participant Forms, accompanied by the Course Offering Report Form for receipt by the CEB no more than 45 days after the completion date of the course offering. (See Section 4 for instructions on completing the forms.)

4.14 The Provider has a permanent record-keeping system for retaining participants' names and ASHA CEUs earned for a minimum of 2 years from the completion date of the course offering.

4.15 The Provider has a system to ensure the privacy and security of participants' records.

4.16 The Provider has a system in place to review the ASHA CE Registry course offering record (i.e., offering roster) to ensure the accuracy and completeness of the offering participants' names and ASHA CEUs. Corrections to the ASHA CE Registry course offering record must be received by the roster correction deadline (see Correcting the Course Offering Roster in Section 3).

4.16 The Provider may not offer ASHA CEUs retroactively; however, Provider records can be used to correct ASHA CE Registry records if participant credit is incorrectly recorded by the Registry.

**Additional Effective Practices (encouraged)**

- A reasonable degree of security is used to ensure that necessary requirements have been met for satisfactory completion.

- Criteria for successful completion are compatible with learning outcomes of each course.

- Additional information, such as current address, telephone number, identification number, and assessment scores, are part of the records maintained by Provider.
Requirement 5: Needs Identification

The Provider (organization) ensures that continuing education courses are planned in response to identified needs of a target audience.

Guidelines

The purpose of identifying learning needs is to determine the difference between an existing condition and a desired condition. The gap between the existing and desired condition is the foundation for any continuing education course. Once needs have been identified, a needs analysis is used to determine if continuing education is an appropriate method of intervention to narrow the gap. The failure to correctly identify the reason for the gap may result in an ineffective education course that has little or no impact.

The need for continuing education may arise from a variety of factors, such as new legislation or regulations; new performance expectations or deficiencies; and changes in information, skills, attitudes, processes, systems, organizations, occupations, and professions. Product and service promotion should not influence the identification of learning needs. Each individual continuing education course does not require a separate needs assessment; however, the rationale and planning for each course should be the result of needs that have been identified and documented by some assessment method(s).

Required Practices

5.1 The Provider has an established process for systematically identifying and updating needs.

5.2 Needs assessment data provide the basis for continuing education course planning and development.

5.3 Each continuing education course topic and its content originate from identified needs.

5.4 The Provider defines the potential participants for each continuing education course and should specify the target audience and any prerequisites in all promotional efforts.

Additional Effective Practices (encouraged)

- "Needs" versus "interests" are identified.
- Potential learners are involved in identifying and/or verifying needs.
- Multiple sources of information are tapped for needs assessments.
• Needs reflect differences between existing levels and desired levels of knowledge, skills, or attitudes.

• Needs are based on objective data.

• Needs are documented.
Requirement 6: Learning Outcomes

The Provider (organization) has clear and concise written statements of intended learning outcomes (e.g., behavioral or performance objectives) that are based on identified needs for each continuing education course.

Guidelines

Intended learning outcomes are synonymous with behavioral and performance objectives. Unlike program objectives that identify the instructional goals of the presenter, learning outcomes define the skills, knowledge, and/or attitudes that the learner should be able to demonstrate following the learning experience. Learners should be informed of these intended learning outcomes before and during the course. Learning outcomes should be published in promotional materials about the course. If publication of learning outcomes is not possible, information should be available to prospective participants upon request. Learning outcomes are the foundation for planning, instruction, measuring progress, obtaining periodic feedback, and making final assessment.

Required Practices

6.1 Written learning outcomes that reflect what learners will be able to demonstrate are established for each continuing education course. Product and service promotion should not influence the determination of learning outcomes.

6.2 When learning outcomes are established for a large course such as a convention, each session within that course must be keyed to one or more of the overall course outcomes, or each individual session must have its own learning outcomes.

6.3 Learning outcomes define the skills, knowledge, and/or attitudes that the learner should be able to demonstrate following the learning experience.

6.4 Written learning outcome statements are clear, concise, measurable, observable (when applicable), and focused on the performance of the learner.

6.5 Planned learning outcomes are based on identified needs.

6.6 The number of planned learning outcomes is limited and reasonable.

6.7 Learners are informed of intended learning outcomes.

Additional Effective Practices (encouraged)

- Learning outcomes serve as an outline for curriculum development.
- References to outcomes during courses serve as feedback to learners regarding their
progress.

- Identified needs, learning outcomes, and assessment methods are directly linked throughout program planning and delivery.
Requirement 7: Planning and Instructional Personnel

The Provider (organization) ensures that qualified individuals are directly involved in determining the continuing education course’s purpose, developing intended learning outcomes, and planning and conducting each course.

Guidelines

Continuing education course development may require a team approach involving the ASHA CE administrator, program development experts, and content experts. The ASHA CE administrator has oversight responsibilities and also should be directly involved in this phase of course development. The quality of a continuing education course and its value to the participant rests heavily on the course's planners, the instructors' competence in the subject matter, and the ability of both to communicate and facilitate learning. It is the joint responsibility of the Provider (represented by the ASHA CE administrator) and of the planner(s) and instructor(s) to ensure that the learning experience results in the intended learning outcomes.

Decisions about course planning and development should be made by individuals who:

- are competent in the subject matter,
- understand the program purpose and intended learning outcomes,
- have knowledge and skill in instructional methodologies and learning processes, and
- have the ability to communicate to participants at an appropriate level.

Continuing education courses should be for scientific and professional educational purposes and not for promoting products or services. Conflicts of interest disclosure is required of each individual developing and/or delivering a course. Individuals who participate in CE courses have the right to know of any conflicts of interest an instructor or planner may have. Providers must comply with Required Practice 3.2 in the selection of all planning and instructional personnel in a position to control course content.
Required Practices

7.1 The Provider ensures that individuals involved in program planning and instruction are qualified by virtue of their education and/or experience.

7.2 Planning and instructional personnel are identified and screened using a systematic process. This process must include the identification and resolution of conflicts of interest.

7.3 Expertise in course content and instructional methodologies is used in developing courses.

7.4 Individuals involved in program planning understand and use learning outcomes in program planning and development.

7.5 Planning and instructional personnel are reasonably and consistently effective in meeting learning outcomes and learner expectations.

7.6 Planning and instructional personnel demonstrate high standards of professional conduct and will not discriminate against participants on the basis of gender, age, socioeconomic or ethnic background, sexual orientation, or disability.

7.7 The Provider ensures that conflicts of interest are disclosed to learners. Providers must comply with Required Practices 3.2.e, 3.2.f, and 3.2.g when disclosing relevant conflicts of interest to learners.

7.8 Instructors are provided feedback on their performance.

Additional Effective Practices (encouraged)

- Effectiveness of program planning and delivery is evaluated.
- Information on educational processes is provided to instructors.
- Program content and educational methodologies are well balanced.
Requirement 8: Learning Environment and Support

The Provider (organization) ensures that appropriate educational facilities, resource or reference materials, and instructional aids and equipment are consistent with the purpose, design, and intended learning outcomes of each course.

Guidelines

The design and use of facilities should enhance teaching and learning. For example, lighting, sound, seating, visual aids, reference materials, and other needed resources should be appropriate and available to enhance learning.

The facilities, resources, and reference materials should be accessible to all individuals, including participants with disabilities.

In learning formats such as self-study, journal study, computer-based instruction, and distance learning with audio, video, and television, the Provider may not be able to control the learning environment. In such cases, the Provider should consider other ways to support learners and enhance learning.

Promotional activities, such as exhibits, commercial presentations, and printed or electronic advertisements, cannot be in the same physical or virtual location where the CE course is conducted. Providers must comply with Required Practice 3.4 in the management of exhibits and advertisements associated with a CE course.

Required Practices

8.1 The facilities are appropriate and adequate to the content and method of delivery of the course and should enhance learning.

8.2 The facilities, learning experience, and resource materials are accessible to all individuals, including participants with disabilities.

8.3 Educational services and equipment are available to support learning in a manner consistent with the organization's mission and with the course's learning outcomes. Products, equipment or devices used in conducting the course should not be sold or marketed as part of the instructional portion of the CE course.

8.4 If it is recommended or required that the learner purchases a product or service in order to participate in a course, this must be communicated to the learner prior to registration.

Additional Effective Practices (encouraged)

- The facilities accommodate varied instructional techniques, such as small-group discussion, experiential learning, and interactive learning.
• The facilities enhance the transfer of learning by replicating workplace conditions in which new knowledge and skills will be applied.

• A learning atmosphere is promoted.

• Light, sound, seating, and physical conditions are appropriate for skill building.

• Learners have access to resources, such as job aids, reference materials, hardware, software, and subject matter experts
Requirement 9: Content and Methodology

The Provider (organization) ensures that content and instructional methodologies are consistent with stated learning outcomes, are appropriate for learning, and permit opportunities for learners to participate and receive feedback.

Guidelines

Selected content logically supports statements of intended learning outcomes. Both learners and instructor(s) understand intended outcomes and how they will be achieved.

Content is current and organized in a logical manner, proceeding from basic to advanced levels. Instructional methodologies should permit learners to interact and to receive feedback that reinforces learning.

Certain products and services are effective in speech, language, and hearing assessment, treatment, and research. Many of these products and services are complex in their operation or administration and require substantial training in their use. Therefore, it is appropriate that Providers offer instruction in the theory and operation or administration of products and services. However, the sale or marketing of products and services in the instructional portion of the CE course is prohibited.

Required Practices

9.1 The course's content is directly related to learning outcomes. The content and learning outcomes should be related to the sciences and/or the contemporary practice of speech-language pathology, audiology, and/or speech/language/hearing sciences. Promotion of products and services should not influence the development and delivery of the course content.

9.2 Course content that includes reference to products and services must focus on scientific and professional education, not product or service marketing and promotion. Selling or marketing specific products or services during the instructional portion of a course is prohibited in courses offered for ASHA CEUs. Providers must comply with Required Practice 3.1.

9.3 The content and instructional methodologies are based on, and appropriate to, the stated learning outcomes of the continuing education course.

9.4 The content is organized in a logical manner.

9.5 All content as well as supplemental learning materials (audiovisuals, handouts, etc.) are current, suitable, and appropriate for the course.

9.6 The content of the continuing education course is designed to explore one subject or a group of closely related subjects. If the course involves multiple
components, such as a lecture series, all segments should be devoted to integrally related subjects.

9.7 The continuing education course is of sufficient duration to achieve the stated learning outcomes. A course offering may not last longer than 12 months and must start and end in the same calendar year.

9.8 The Provider will specify the instructional level of each course in all promotional efforts. The instructional level should be classified as Introductory, Intermediate, Advanced, or Various, according to the definition of instructional levels described in Section 3.

9.9 The Provider will specify the content area of each course in all promotional materials. The content area should be specified as Basic Communication Processes Area (B), Professional Area (P), or Related Area (R), according to the definition of content areas described in Section 3.

9.10 Learner interaction, instructor feedback, and reinforcement of learned knowledge and skills are used to reinforce learning.

9.11 Varied instructional methodologies are used to accommodate various learning styles.

9.12 Provider has established policies and procedures to address intellectual property rights.

9.13 The Provider has policy and procedures to review course content for quality, currency, and effectiveness in assisting learners achieve learning outcomes.

Additional Effective Practices (encouraged)

Instructors rely on learning outcomes for guidance in selecting content and instructional methodologies.

- The instructional methodologies that are used represent effective educational practices.

- Content includes an appropriate balance between instructor and learner activities.

- Content is based on principles of evidence based practice.
Requirement 10: Requirements for Satisfactory Completion

The Provider (organization) ensures that satisfactory completion requirements are established for each course. These requirements are based on the purpose and intended learning outcomes. Participants should be informed of the requirements before participating in the course.

Guidelines

Satisfactory completion requirements are established before the beginning of the course. Requirements may be based on demonstrated learning, a predetermined level of attendance, or a combination of performance and attendance.

Requirements for performance levels should be based on the intended learning outcomes. When participant attendance is used to determine satisfactory completion, attendance requirements should be high and documented on rosters, sign-in sheets, or some other reliable documentation method.

Participants should be informed of requirements in advance and should know that only those who meet those requirements will earn ASHA CEUs.

Required Practices

10.1 Satisfactory completion requirements are established for each planned course.

10.2 Satisfactory completion requirements are based on the course’s purpose and planned learning outcomes.

10.3 Participants are informed of the satisfactory completion requirements before the course.

10.4 Special attention is given to verifying satisfactory completion for participants in large conferences and conventions with multiple sessions.

10.5 Learners are notified if they have not met satisfactory completion requirements (e.g., learner will not be recommended for ASHA CEUs).

Additional Effective Practices (encouraged)

- Methods of verifying satisfactory completion are well defined and executed.
Requirement 11: Assessment of Learning Outcomes

The Provider (organization) ensures that achievement of the course's intended learning outcomes is assessed using procedures established during the course’s planning.

Guidelines

Learning assessment refers to the measurement of individual performance or behavior in relation to intended learning outcomes. Assessments may be made during and at the conclusion of the course. Learning assessment made during the course may help reinforce learning and provide a point of reference for the learner's progress.

The learning assessment procedure, its timing, and its application are part of the planning process. Because the learning assessment procedure depends on the intended learning outcomes, the outcomes must be measurable, observable (when applicable), clearly stated, and focused on the performance of the learner. If satisfactory completion of the course and/or the earning of ASHA CEUs is based on satisfactory completion of a learning assessment, then the assessment is considered "formal," and participants must be informed about the nature of the required assessment before the start of the course.

Learning assessments may take diverse forms, such as performance demonstrations under real or simulated conditions, written or oral examinations, a question-and-answer session, written reports, completion of a project, self-assessment, or locally or externally developed standardized examinations. A self-examination may be used to elicit participants' opinions about the degree to which learning took place. For example, questions may be developed to ask participants if they learned new information, how they intend to use the information, and so forth. Learning assessments may be made during, at the conclusion of, or sometime after the learning experience.

Required Practices

11.1 Learning assessment procedures are established during course planning.

11.2 Learning assessment procedures measure intended learning outcomes achieved.

11.3 Participants are informed in advance when formal learning assessment procedures are to be used to determine satisfactory completion of the course and/or the earning of ASHA CEUs.

Additional Effective Practices (encouraged)

- Learning assessments are used throughout the course to monitor learner progress and to reinforce learning.

- Varied learning assessment methods are used.

- Results of formal learning assessments are made available to individual learners.
**Requirement 12: Program Evaluation**

The Provider (organization) ensures that in the planning stage of the continuing education course, an evaluation process is established to examine various aspects of the course, such as the needs assessment, logistical and instructional planning, selection and preparation of instructors, course implementation, and extent to which intended learning outcomes are achieved.

**Guidelines**

Program evaluation is a measurement of the quality of the program or course as a whole, whereas learning assessment refers to the measurement of individual learning outcomes.

Using only participant-reaction surveys will not yield the data needed for an adequate evaluation of learning experiences. Program evaluations should be designed to capture specific information that will allow Providers to make continuous improvements in their offerings.

Program evaluation is a coordinated process that examines all parts of the course planning and delivery process. It consists of gathering data about the course that is based on established criteria and observable evidence. Program evaluation, which takes into account the program planning process and the decisions made in the process, provides information aimed at answering the following questions:

- Was the input of the potential learners fully understood and communicated during the needs analysis and identification phase of the course's planning process?
- Was there a clear relationship between the educational needs of the learners and the stated purposes of the course?
- Was the course’s content associated with the learning outcomes?
- Were the intended learning outcomes learner-focused and stated in measurable and observable (when applicable) terms?
- Were the intended learning outcomes appropriate for the stated purpose of the course and for the learners involved?
- Did the learning experience and the instructional methods used result in individual behavioral or performance change, that is, the intended learning outcomes?
- Were the Provider's philosophy, mission, structure, functions, and processes effective and efficient in producing the learning outcomes intended for the course?
- Were conflicts of interest and commercial support managed in a way that
fostered transparency and openness?

Continuous quality improvement of learning experiences is enhanced through long-range, systematic evaluation of what is intended in relation to what actually occurs. The difference can be used as the basis for whatever change is needed to ensure that intended learning outcomes are attained. Providers should find evaluation results a useful tool when accounting for the results of their programming efforts.

Required Practices

12.1 Program evaluation procedures are established during course planning.

12.2 Each course is evaluated. (For large courses with multiple components, such as conventions, program evaluations are not required for each component within the course.)

12.3 Program evaluation results are incorporated into program improvements.

Additional Effective Practices (encouraged)

- Program evaluation methods are comprehensive, well planned, and appropriately administered.

- A tracking system incorporating past evaluations is used to monitor program improvements.

- Tangible commitment to the process of evaluation is evident. Varied evaluation techniques are used.
Section 3: Policies and Procedures

Overview

This section describes the additional responsibilities and requirements of American Speech-Language-Hearing Association (ASHA) Approved Continuing Education (CE) Providers. Initial and ongoing Provider approval is dependent on a Provider's adherence to the 12 requirements outlined in Section 2 of the manual, as well as adherence to the policies, procedures, and required practices described in the remaining sections. This section also addresses the Continuing Education Board's (CEB's) due process procedure (i.e., appeals process) and sanctions that may be brought against Providers who fail to comply with CEB requirements.

Policies and procedures related to ASHA CE participants are included in this section for easy reference on the part of Providers who wish to respond to an inquiry from a CE learner.

How This Section Is Organized

Section 3 is organized under three major headings: (1) Components of ASHA’s Continuing Education Program—general information about the structure and function of ASHA’s CE program as well as mandatory continuing education, state licensure requirements, and reciprocity issues; (2) Provider-Related Policies and Procedures—detailed information about issues pertaining to ASHA Approved CE Providers; and (3) Participant-Related Policies and Procedures—detailed information about issues pertaining to ASHA CE participants. Use the index at the end of the appendices to locate topics by specific page numbers and to locate additional details about a topic that may appear elsewhere in the manual.

Components of ASHA’s Continuing Education Program

ASHA Approved CE Providers

ASHA Approved CE Providers are organizations that have been approved by the Continuing Education Board (CEB) of ASHA to offer continuing education courses for speech-language pathologists, audiologists, and speech/language/hearing scientists. Quality continuing education is assured by initial Provider application review, ongoing monitoring, and technical assistance—all provided by the CEB. However, ASHA CEB approval of CE Provider status does not imply endorsement of course content, specific products, or clinical procedures. ASHA Approved CE Providers represent state speech-language-hearing associations, universities, hospitals/clinics, health care corporations, publishers, manufacturers, continuing education companies, allied health organizations, and government entities.

ASHA CE Administrator

The ASHA CE administrator is the person charged with overseeing a Provider’s continuing education program and is the identifiable and continuous authority designated to ensure that the organization is in compliance with all CEB requirements.
The ASHA CE administrator may be the chairperson of a university's communication disorders department, CE chairperson for a state association, CE program planner for a company, or other responsible individual assigned as CE administrator by the ASHA Approved CE Provider.

The ASHA CE administrator should be an ASHA member or ASHA Certificate of Clinical Competence holder. If the ASHA CE administrator meets neither of these requirements, the Provider must designate someone who meets the requirements to serve in an advisory capacity and to be involved in all course planning, implementation, and evaluation. This person is designated the Provider’s CE content consultant.

The ASHA CE administrator must have oversight for the Provider's continuing education course planning, implementation, and evaluation and serve as the sole liaison between the ASHA Approved CE Provider and the CEB. As such, the CE administrator signs and receives all correspondence and communication among the Provider, the CEB, and ASHA CE staff. This one-person contact policy facilitates the CEB’s efforts to maintain quality standards among its approximately 550 Providers. Each ASHA CE administrators has a designated ASHA CE staff contact person assigned to him or her.

See “Requirement 2: Responsibility and Control” in Section 2, and “Contacting the ASHA CEB and ASHA CE Staff” and “Changing CE Personnel” in this section.

CE Courses Offered by ASHA Approved CE Providers
There are two broad categories of continuing education courses offered through ASHA Approved CE Providers: (1) Provider-initiated courses, and (2) participant-initiated courses. ASHA Approved CE Providers may assume responsibility for providing continuing education in either or both categories. Only ASHA Approved CE Providers have the authority to offer CE courses for ASHA CEUs. Refer to “Provider-Related Policies and Procedures” in this section for more information on ASHA CE courses.

ASHA CE Participants
ASHA CE participants are primarily ASHA members and ASHA certificate-holders who are dedicated to advancing their knowledge in human communication sciences and disorders.

Individuals must meet at least one of the following conditions to be eligible to earn ASHA CEUs.

- ASHA Member (includes Life member and International affiliates)
- ASHA Certificate of Clinical Competence (CCC) Holder
- Licensed by a state or provincial regulatory agency to practice speech-language pathology (SLP) or audiology
- Credentialed by a state regulatory agency to practice SLP or audiology
- Credentialed by a national regulatory agency to practice SLP or audiology
- A Clinical Fellow supervised by someone who holds the ASHA CCC
- Currently enrolled in a masters or doctoral program in SLP or audiology
If individuals in your course are not certain if they meet the eligibility requirement or need to establish eligibility with the ASHA CE Registry, have them contact the ASHA CE Registry at 301-296-8591 or at continuinged@asha.org.

Individuals who do not meet the eligibility requirements may attend and participate in courses offered by ASHA Approved CE Providers if they meet the pre-requisites established by the Provider. However they cannot earn ASHA CEUs. Refer to “Participant-Related Policies and Procedures” in this section for specific information on issues related to ASHA CE participants.

ASHA CE Registry
The ASHA CE Registry is a computerized database that is similar in function and nature to a college registrar service. All courses offered by ASHA Approved CE Providers are entered on the database. It contains the course records of over 260,000 participants and 1000 past and present Providers and is maintained permanently by ASHA CE staff. Registry records can be used in many ways, such as to generate a list of continuing education offerings over time of a given Provider or to produce a CE participant’s transcript of his or her ASHA CE course record. Refer to “Participant-Related Policies and Procedures” in this section for additional information on the ASHA CE Registry.

When participants complete a CE course offering and fill out an ASHA CEU Participant Form, that form is forwarded by the Provider to the ASHA CE Registry. In order to have ASHA CEUs recorded on their ASHA CE Registry transcript, each participant must have paid an annual ASHA CE Registry fee. The fee allows participants to register an unlimited number of ASHA CEUs, taken through ASHA Approved CE Providers only, on the ASHA CE Registry during that calendar year. Providers are not responsible for collecting ASHA CE Registry fees. Providers are discouraged from charging participants additional fees to process their ASHA CEUs. Any processing fee charged by Providers must be identified in promotional material as being charged by the Provider, not ASHA.

ASHA Continuing Education Board
The ASHA CEB identifies and projects the CE needs of ASHA CE consumers and advises ASHA Approved CE Providers regarding programs to meet those needs. The Board is also responsible for establishing ASHA CE requirements, approving ASHA CE Providers, and assisting them in continually improving their CE programs. A minimum of eight volunteer ASHA members, representing a variety of work settings and experience, make up the CEB.

ASHA Continuing Education Staff
ASHA CE staff implement the CEB’s programs by maintaining the ASHA CE Registry, reviewing ASHA Approved CE Providers’ courses, providing ongoing technical assistance to participants and Providers, and processing the ASHA Award for Continuing Education. Refer to “ASHA CE Staff Contacts” in Appendix D.
**Mandatory Continuing Education**

The American Speech-Language-Hearing Association's Code of Ethics indicates that individuals shall continue their professional development throughout their careers. Holders of the ASHA Certificate of Clinical Competency must document their participation in continuing professional development courses to maintain their certification. Forty-eight state regulatory agencies require evidence of continuing education before speech-language pathologists and audiologists can renew their license in that state. All of these states accept ASHA CEUs toward license renewal. Each state has different requirements and different numbers and types of credit that are required. For a complete list of states that require continuing education for licensure renewal, see ASHA's Web site (http://www.asha.org).

The ASHA Continuing Education Board provides state licensing agencies with the names of ASHA Approved CE Providers and the CEB requirements and policies, and it works with licensing agencies to facilitate the exchange of information about courses offered for ASHA CEUs. At participants' requests, the ASHA CE Registry transmits CE transcripts directly to state licensing agencies.

**State Licensure of Audiologists and Speech-Language Pathologists**

Currently 50 states have licensure laws that regulate the practice of audiology and speech-language pathology. Of those 50 states, 48 require evidence of continuing professional education in order for licensees to renew their license to practice. See ASHA's Web site (http://www.asha.org) for a list of states that require licensure and that require continuing education for licensure renewal. Through ASHA Approved CE Providers, licensees can earn ASHA CEUs to use toward their renewal of their state license.

**Recognition of ASHA CEUs by Regulatory Agencies**

The Continuing Education Board (CEB) has agreements with 48 state licensing/ regulatory agencies that require evidence of continuing education for speech-language pathology and/or audiology licensure renewal. ASHA CEUs earned through ASHA Approved CE Providers and documented on the ASHA CE Registry are accepted by those licensing agencies for renewal of individual participant's licenses.

ASHA CE staff and the CEB continue to investigate the feasibility of reciprocity of ASHA CEUs across professions. In order for ASHA CEUs to be reciprocal, organizations offering continuing education courses and awarding ASHA CEUs must use similar requirements and standards. Currently, there are wide variances in the standards used by different professions to approve CE providers and to award ASHA CEUs. ASHA Approved CE Providers can facilitate the reciprocity movement by, (a) adhering to the CEB requirements, (b) explaining the reasoning and importance of the requirements to participants and other entities that are not ASHA Approved CE Providers, (c) requiring that entities with whom they join to provide a cooperative CE offering adhere to the ASHA CEB requirements, (d) advocating for the highest standards and adherence to CEB requirements within their organizations, and (e) encouraging other organizations that offer CE courses to use internationally recognized standards for CE and training or to apply to be a recognized ASHA Approved CE Provider.
Provider-Related Policies and Procedures

Types of ASHA CE Courses
There are two broad categories of continuing education courses offered through ASHA Approved CE Providers: (1) Provider-initiated courses, and (2) participant-initiated courses. Continuing education must involve endeavors that exceed the participant’s routine employment responsibilities.

Provider-initiated courses are developed by an ASHA Approved CE Provider and are offered for group instruction or for individual self-study. Examples range from traditional workshops, seminars, and conventions to audio- or videoconferences, self-study modules, journal clubs, and grand rounds. Participant-initiated courses, also known as independent study, are planned by an individual to meet his or her unique continuing education needs and are monitored by an ASHA Approved CE Provider designated as an Independent Study Provider. Examples include independent study at a college or university, clinical visitations, independent reading, publication of scientific/clinical materials, CE courses of other professional organizations, or teaching a course or seminar for the first time if it is outside the instructor's routine employment responsibilities.

Components of an ASHA CE Course

Needs Assessment
All continuing education courses should be based on the identified needs of a target audience. To determine learning needs, planners should conduct a needs assessment. For more information about this requirement or conducting a needs assessment, refer to “Requirement 5: Needs Identification” in Section 2 and Appendix E.

Learning Outcomes
Learning outcomes refer to the product(s) of a particular learning experience—changes in learner knowledge, attitude, skill, subsequent behavior change, and impact of behavior change on the learner's environment. Learner outcomes drive the course’s development, influence the content and methodology, and determine faculty and delivery selection. Learning outcomes are written statements of what the learner is expected to accomplish as a result of the course. The outcome statements should be concise, clear, measurable, observable (when applicable), and learner-focused. Learning outcomes may be written in simple or complex form. A simple outcome statement might be "Participants will develop an action plan to incorporate the Americans with Disabilities Act (ADA) regulations into the workplace." A complex outcome statement might be "Given a list of requirements specific to the Americans with Disabilities Act (ADA), participants will develop an action plan that addresses implementation within the next 2 months of 100% of the requirements applicable to their work setting." For additional information, refer to “Requirement 6: Learning Outcomes” and “Requirement 10: Assessment of Learning Outcomes” in Section 2 and Appendices F and G.
Time-Ordered Agenda

This document details the events within a CE course according to the time of the event, the speaker, the topic and/or learning outcomes, and the instructional methods or learning resources used. The time-ordered agenda is used to calculate the number of ASHA CEUs for the course. See Section 4 for a sample time-ordered agenda information.

Instructional Personnel Disclosure

Continuing education (CE) courses should be for scientific and professional educational purposes and not for promoting products or services. Individuals who participate in CE courses have the right to know of any financial or nonfinancial interest that any instructional personnel may have in a product or service mentioned during a course. The Continuing Education Board (CEB) requires Approved Providers to disclose any relevant conflicts of interest instructional personnel have in any products or services discussed in the course. This information must be made available to the participants before the course through promotional materials and at the start of the course. This disclosure is used to inform CE participants of any financial or nonfinancial interest on the part of the instructional personnel and its possible influence on the information presented. Sample disclosure statements and additional information can be found by referring to “Requirements for Instructor/Speaker Disclosure” in Section 4. For additional information, refer to Requirement 3: Transparency in Course Planning, Delivery, and Marketing.

Learning Outcome Assessment

Providers should offer opportunities in courses for learners to measure their individual performance or behavior in relation to the intended learning outcomes of that course. Assessments may be made during or at the conclusion of the course and can take diverse forms. The method to assess outcomes is determined by the learning outcomes. For example, if the learning outcome is "Participants will administer and score the Test of Child Language within recognized standardized procedures," then having participants actually administer and score the test would be the appropriate method for assessment of learning. Requirements for satisfactory completion of a course must be established by the Provider before the course and must be based on the course’s purpose and planned learning outcomes. For additional information, refer to “Requirement 6: Learning Outcomes,” “Requirement 10: Requirements for Satisfactory Completion,” and “Requirement 11: Assessment of Learning Outcomes” in Section 2 and Appendices F and G.

Program Evaluation

ASHA Approved CE Providers are required to establish a program evaluation process during course planning that examines various aspects of the course. Program evaluation is a measurement of the quality of the course as a whole. Refer to “Requirement 12: Program Evaluation” in Section 2 and Appendix H.
Course Promotion and Registration Policies and Procedures

Course Promotion Requirements
ASHA Approved CE Providers are required to provide potential participants in their courses with written information that identifies the Approved CE Provider of the course as well as the course’s ASHA CEUs, content area, and instructional level. This information is contained in a standard Brand Block and a standard required ASHA CEU sentence that must be used in all promotional materials related to the course. The Brand Block includes the Provider name, the required promotional paragraph, and the graphic image. The Brand Block helps individuals identify courses that are offered for ASHA CEUs by an ASHA Approved CE Provider. The required ASHA CEU sentence identifies the number of ASHA CEUs offered, the content area, and instructional level. See the Section 4, “Requirements for Promoting ASHA Continuing Education Courses,” for more details about promotional requirements, the ASHA Approved CE Provider Brand Block, and the required ASHA CEU Sentence.

Course Components Identified in the Brand Block and the ASHA CEU Sentence
To provide a reliable basis for participants to select quality continuing education courses to meet their personal learning needs, the Continuing Education Board has Providers categorize continuing education courses by content area, instructional level, and number of ASHA CEUs—all of which are described further below.

Content Area

CE courses offered for ASHA CEUs must fall within one or more of the three content areas described below. Courses that do not fit in one or more of the content areas are not appropriate to be offered for ASHA CEUs.

1. Basic Communication Processes (B). Information (beyond the basic ASHA certification requirements) applicable to the normal development and use of speech, language, and hearing—that is, (a) anatomic and physiological bases for the normal development and use of speech, language, and hearing; (b) physical bases and processes of the production and perception of speech, language, and hearing; (c) linguistic and psycholinguistic variables related to normal development and use of speech, language, and hearing; and (d) technological, biomedical, engineering, and instrumentation information (such as computer programming and microprocessor adaptations) that enable expansion of knowledge in the basic communication processes.

2. Professional (P). Information pertaining to disorders of speech, language, and hearing—for example, (a) various types of disorders of communication and their manifestations, classifications, and causes; (b) evaluation skills, including procedures, techniques, and instrumentation for assessment; and (c) management procedures and principles in habilitation and rehabilitation of communication disorders.
3. **Related (R).** Study pertaining to the understanding of human behavior, both normal and abnormal, as well as services available from related professions that apply to the contemporary practices of speech-language pathology and/or audiology—for example, (a) theories of learning and behavior; (b) services available from related professions that also deal with persons who have disorders of communication; (c) information from these professions about the sensory, physical, emotional, social, and/or intellectual status of a child or adult; and (d) such other areas as program management, economics of professional practice, legislative issues, professional ethics, clinical supervision, counseling and interviewing, application of computers, and modern technology and statistics.

**Instructional Level**

Instructional levels are described as follows:

1. **Introductory.** Instruction at the Introductory Level of difficulty is generally intended for professionals with novice experience in the content area. Material presented is based on fundamental principles or concepts that are fairly well known and regularly applied. Often this level of training is intended to be a prerequisite to successive, more difficult topics offered at the Intermediate Level. At times, experienced professionals might be advised to take this training for review or in preparation for more advanced level training. Introductory level can also be used to describe course content related to new or emerging areas of practice.

2. **Intermediate.** Instruction at the Intermediate Level assumes some familiarity with the basic literature as well as some experience in professional practice within the area covered and is targeted for more experienced professionals. The pace of the training and difficulty of concepts presented require more advanced knowledge and skills than the Introductory Level. Examples used at this level are often based on recent research and case studies that are complex in nature.

3. **Advanced.** Instruction at the Advanced Level assumes the participant already has established experience, knowledge and skill within the area covered. The focus of courses at this level is on comprehension of findings in the current literature, and the synthesis and application of information presented to advance current clinical and research practices. The pace and level of difficulty of material presented is commensurate with the needs of a professional with comprehensive knowledge, ability, and experience in the content area.

4. **Various.** Some continuing education courses comprise two or more levels of instruction. If more than half of the course falls within the Introductory, Intermediate, or Advanced level of instruction, the course should be classified in that level. If the course is made up of many sessions (e.g., convention or conference), all at various levels, then the course should be classified as Various.

**Continuing Education Units (CEUs)**
The Continuing Education Unit (CEU) is a nationally recognized standard unit of measurement for participation in a continuing education course. Established by the U.S. Department of Education (1968), one (1.0) CEU is defined as 10 contact hours of participation in an organized continuing education experience offered by a provider, excluding meals and breaks. The contact hour is defined as 1 clock hour of interaction between a learner and instructor or between a learner and materials that have been prepared to facilitate learning. Contact implies a connection between a learner and a learning source. For purposes of the CEU, that connection is two-way; that is, the instructor or learning source must monitor the learner's progress and/or provide some form of feedback to the learner.

The caretaker for the CEU standards is the International Association for Continuing Education and Training (IACET).

**ASHA’s CEU**

ASHA CEUs are awarded for courses offered through Providers approved by the ASHA Continuing Education Board (CEB). Approved Providers’ courses must meet the CEB’s requirements to be offered for ASHA CEUs. Course content and learning outcomes must be related to the sciences as they pertain to speech-language pathology, audiology, speech/language/hearing sciences, and/or the contemporary practice of speech-language pathology and audiology.

Note: ASHA has adopted position statements on Auditory Integration Therapy (AIT), Facilitated Communication (FC) and Rapid Prompting Method (RPM). ASHA Continuing Education (CE) will not accept, register, or grant ASHA CEUs for courses that promote, encourage, or demonstrate how to practice AIT, FC or RPM.

Courses for which Approved Providers plan to offer ASHA CEUs must be registered with the ASHA CE Registry no less than 15 days before the starting date of the course offering or 30 days for cooperative offerings. For additional information on filing courses with the ASHA CE Registry, refer to the Section 4.

**Course Components to Include When Calculating ASHA CEUs**

The following are examples of types of activities to include when calculating contact hours for ASHA CEUs:

- Learning activities led by an instructor and/or discussion leader.
- Activities in which a learner is engaged in a planned program of learning whereby the learner's progress is monitored and the learner receives feedback. Examples include independent study, computer-based instruction, interactive video, and planned projects. For information on how to calculate ASHA CEUs for courses that may vary in length for different learners, see the subsection on “Calculating ASHA CEUs” in this section.
- Learner assessment and program evaluations.
• Field trips, projects, and assignments that are an integral part of a course and for which the Provider can verify that the CEB requirements were met. For example, if the learner must read five articles before the start of the course, the instructor must have some mechanism for determining satisfactory completion of that part of the course in order to include it in the total ASHA CEUs offered.

Course Components Not Included When Calculating ASHA CEUs

The following activities should not be included when calculating contact hours for ASHA CEUs:

• Breaks, meals, socials. A presentation germane to the course during the meal function may be counted if the presentation meets CEB requirements. Only that portion of the meal during which time the presentation is taking place can be counted toward ASHA CEUs.

• Meeting time devoted to business or committee activities, announcements, introductions, welcoming speeches, reports, etc.

• Exhibits, sales tours of commercial facilities, time used to promote products or services.

• Time for study, travel, assigned reading, or related activities outside the classroom or course's schedule, unless the learning is monitored and/or assessed and the learner receives feedback. See “Calculating ASHA CEUs” in this section and “Requirements for Providers that Offer Courses with Alternative Delivery Methods” Section 4.

Activities for Which ASHA CEUs are Not Intended

The following activities are not intended for ASHA CEUs. While these activities may be judged worthwhile learning experiences, they do not meet the criteria established for the CEU by the International Association for Continuing Education and Training nor do they meet the requirements of the ASHA CEB to qualify for ASHA CEUs.

• Association membership and leadership activities. Holding membership or serving in some leadership capacity in an association or society does not qualify.

• Committee/board meetings. Participation in committee or board meetings does not qualify.

• Business meetings. Meetings to discuss business, make policy, develop procedures, discuss association/organizational management, develop long-range plans, etc., do not qualify.

• Some meetings, conventions, exhibitions. Meetings, conventions, and exhibitions that attract large numbers of participants, involve different activities, and are conducted primarily for product promotion or networking purposes generally do not qualify for ASHA CEUs. Planned courses within such events that meet the CEB requirements are eligible for ASHA CEUs.
• Work experience. On-the-job training and other work experience does not qualify for ASHA CEUs unless the work experience is structured as part of a planned and supervised continuing education experience that meets the CEB requirements. Continuing education typically is defined as learning that takes place outside one’s typical employment responsibilities.

• Entertainment and recreation. Attendance at cultural performances, or at entertainment or recreational activities does not qualify unless these events are an integral part of a planned course that meets the CEB requirements.

• Travel. Travel or participation in a travel study program does not qualify, unless the educational component of the travel study program meets the CEB requirements.

• Unsupervised study. Individual, self-paced study, or other forms of independent learning experience not planned, directed, and supervised by an ASHA Approved CE Provider do not qualify.

Calculating ASHA CEUs

ASHA CEUs may be recorded in half-hour increments, so that a program of 14.5 contact hours would be recorded as 1.45 ASHA CEUs. Increments of less than a half-hour are dropped when computing the total number of ASHA CEUs for a course. Although some organizations define a contact hour as a minimum of 50 minutes, 50 minutes is not the current ASHA CEU standard nor is it used by the Continuing Education Board for ASHA CEUs. Organizations that offer programs for a variety of professionals, some of which use different clock hour definitions, must count their contact hours and advertise ASHA CEUs based on the 60-minute clock hour.

When calculating the number of ASHA CEUs for a course, the number of contact minutes can include the educational content of the course, learning assessment and program evaluation. Breaks, meals, and other non-educational events are excluded. The total number of minutes is divided by 60 to arrive at the number of contact hours. Total contact hours, should be divided by 10, and then rounded down to the nearest ½ hour or hour to obtain the ASHA CEU amount.

ASHA CE offers alternate methods for calculating ASHA CEUs for example conducting a pilot study and/or using a standardize word count formula.

A continuing education course should not be less than a half-hour in length to be calculated for ASHA CEUs. Caution should be exercised with shorter length courses to ensure adherence to the CEB requirements.

Calculating Partial Credit

A continuing education (CE) course may have partial credit if the Provider deems it appropriate, with the Provider offering partial credit to participants who attend only a portion of the CE course offering but have meet all of the course’s learning outcomes. The Provider must monitor participant attendance and completion of the course and report partial credit to the CEB by entering the correct amount of credit in the
Provider Use Only of the ASHA CEU Participant Form (see “Filing Course Offering Report and ASHA CEU Participant Forms” in this section). Among the issues to consider when determining whether to offer partial credit is whether the participant can meet all of the learning outcomes established for the course without attending the entire course. Refer to Section 4, “General Procedures for Planning and Reporting Provider-Initiated Continuing Education Courses,” for specific instructions on offering and reporting partial credit.

Refund and Cancellation Policies

ASHA Approved CE Providers are required to have established written policies concerning the criteria for refund of fees in the event a course is canceled or re-scheduled by the Provider, and refund of fees when a participant cancels. To avoid misunderstandings, the CEB recommends that these policies be available to potential participants in registration materials. If a Provider changes its refund policy, they must provide the CEB with the new policy. See Requirement 1, Required Practice 1.7 in Section 2.
Course Registration Requirements

When an ASHA Approved CE Provider plans to offer a course for ASHA CEUs, the Provider must submit course and offering registration and required attachments with the ASHA CE Registry (refer to Section 4 for instructions). Course and offering registration and accompanying materials in their entirety must be received by the ASHA CE Registry no less than 15 days before the starting date of the first course offering or 30 days for cooperative offerings.

The CEB encourages Providers, however, to register their courses as early as possible to maximize the opportunities for promotion on ASHA’s Web site offered as a benefit of ASHA Approved CE Provider status. Course and offering registration and accompanying materials received after the deadline are considered late. When a course reaches the ASHA CE Registry past the deadline, ASHA CE staff contact the ASHA CE administrator. The ASHA CE administrator has two options: (a) appeal to the CEB to accept the course and offering registration past the deadline (see “Appeals Process” in this section of the manual), or (b) if the course has not been advertised for ASHA CEUs, withdraw the course and offering registration and not offer the course for ASHA CEUs. The CEB reserves the right to increase the pre-course filing deadline if a Provider demonstrates noncompliance with CEB requirements related to course registration.

Components of the Course and Offering Registration

The following components of the course and offering registration provide essential information for the registration of an ASHA CE course. Key components not identified in this section have been addressed previously under “Components of an ASHA CE Course.”

Provider Code

When the Continuing Education Board (CEB) approves a Provider, ASHA Continuing Education (CE) staff forward a letter from the CEB, officially notifying the Provider that the application has been approved, and assigns a unique four-letter Provider code to the organization. An example of a Provider code might be AQDA. This code is used on all correspondence and forms between the Provider and the CEB, the ASHA CE staff and the ASHA CE Registry. Whenever the ASHA CE administrator calls or writes the CEB, ASHA CE staff, or the ASHA CE Registry, he or she should have the Provider code readily available.

Course Number

The course number is a 4-digit number the ASHA CE administrator assigns to a course and reports on the course and offering registration and Course Offering Report Forms. Each course must have a different number. Numbers used previously cannot be used again. It is recommended that Providers number their courses sequentially beginning
with 0001 or develop another system that will facilitate internal tracking. Refer to the Section 4 for additional information on completing course and offering registration.

**Offerings**

Providers can register multiple offerings of the same course. An individual offering must start and end in the same calendar year. Offerings can’t be registered beyond the course validity period. The offering number, assigned by ASHA CE, is a 3-digit extension to the course number.

**Subject Code**

CE courses offered for ASHA CEUs must fall within one or more of the subject codes established by the Continuing Education Board. Courses that do not fit in one or more of the subject codes are not appropriate for ASHA CEUs. Refer to Appendix I for a complete list and description of the subject codes.

**Course Description**

A key element of the course and offering registration is the course description. This description should include the key learning outcomes or key elements of the course. Because the description will appear on participants' transcripts after the course is completed, the description should be written in the past tense. Also, person-first language should be used in the course description and title (e.g., children with hearing impairments vs. hearing-impaired children). The description is limited to 400 total characters, including letters, numbers, spaces, and punctuation marks. Course descriptions are used by licensing agencies and employers to determine if a course meets certain requirements for license renewal or employee advancement. For additional information on writing course descriptions, see Section 4.

**Filing Courses in a Series**

The content of a continuing education course should be designed to explore one subject or a group of closely related subjects. If the course involves multiple components, such as in a lecture series, all segments should be devoted to integrally related subjects and fall within the same subject code. It is recommended that subject codes and descriptions in Appendix K be used as guidelines for determining integrally related subjects.

In determining whether multiple components in a course are integrally related, the Continuing Education Board (CEB) looks first to see if each component fits in the same subject code. If not, and if the course lasts over 14 consecutive days, the CEB determines (a) if the overall course description is relevant to each component, (b) whether the learning outcomes for the entire course encompass each component activity, (c) whether participants must attend each component to satisfactorily demonstrate achievement of learning, (d) whether each component in the series is directed at the same target audience, and (e) whether the entire series is advertised as a whole with one registration fee and with the understanding that a registrant must attend all components to attain ASHA CEUs.
The CEB also determines whether a course is a cooperative CE offering. Organizations with whom ASHA Approved CE Providers join to provide a cooperative offering may not group multiple unrelated courses into one course to circumvent the co-op fee system. Grouping unrelated courses together is not appropriate in ASHA's CE system. This is not to say that the courses are not valuable, but simply that grouping them does not meet the CEB's requirements for planning continuing education courses.

Series may not be registered with ASHA with start and end dates crossing calendar years. For example, if a series starts in the fall of one year and ends in the spring of the next, register the series as two separate courses: one covering the sessions held in one calendar year, and the other covering the sessions held in the next year.

Additional problems occur when year-long courses are grouped together. Participants do not receive ASHA CEUs until 12 to 14 months after the course began. Often, the series course description that appears on participants' transcripts is very general and fails to clarify what actually was learned in the course. As a service to participants, the best method for filing courses is to file each component of a series as a separate course.

It is the responsibility of the ASHA CE administrator of the ASHA Approved CE Provider to adhere to these requirements and to monitor the planning and filing of courses in a series.

**Filing Courses Offered for Academic Credit**

When a college or university is an ASHA Approved CE Provider, it may offer ASHA CEUs for courses that are also offered for academic credit. The Provider registers and reports on the course as it would any other type of CE course.

**Course Offering Reporting Requirements**

**Course Offering Report Forms**

At the conclusion of a course offering available for ASHA CEUs, the ASHA CE administrator must file a Course Offering Report Form. The Course Offering Report Form is a computer-read form that accompanies ASHA CEU Participant Forms and identifies the Provider code, course number, offering number, number of participant forms included, course offering completion date, number of attendees at the offering, and whether the course was registered as offering partial credit.

It is important that the information on the Course Offering Report Form be correct and correspond to the information initially submitted to the ASHA CE Registry on the Course and offering registration. Participants' ASHA CEUs are entered on the ASHA CE Registry by scanning the ASHA CEU Participant Forms. Before ASHA CEU Participant Forms are scanned, the Course Offering Report Form is scanned so that the appropriate course is recorded on each participant's ASHA CE Registry transcript. If the Course Offering Report Form gives an incorrect course or offering number or date, the wrong information will be placed on each participant's transcript. ASHA CE administrators are responsible for checking Course Offering Report Form information.
before submitting it to the ASHA CE Registry. Refer to Section 4, “Instructions for Completing the Course Offering Report Form” for additional information.

The Course Offering Report Form must be received by the ASHA CE Registry no more than 45 days after the completion date of the course offering. If participants in the course want ASHA CEUs, the ASHA CEU Participant Forms must accompany the Course Offering Report Form. If the course offering is canceled or there were no attendees requesting ASHA CEUs, the Course Offering Report Form must still be filed with the ASHA CE Registry within the 45-day deadline so that the course offering file can be closed.

When a Course Offering Report Form reaches the ASHA CE Registry past the deadline, ASHA CE staff contact the ASHA CE administrator. The ASHA CE administrator must appeal to the CEB to accept the Course Offering Report Form and ASHA CEU Participant Forms past the deadline. If the appeal is approved, the Provider may be charged a late fee to process the late course offering.

Routinely, the ASHA CE Registry runs a search for all Course Offering Report Forms that have not been received within 45 days of the respective course offering’s completion date. The ASHA CE Registry informs the ASHA CE administrator that the Course Offering Report Form and accompanying materials have not been received. The Provider must submit reporting for the course offering in question and a letter of appeal to the CEB explaining: 1) why the reporting was late and 2) what adjustments have been made to the Provider’s process to avoid this happening in the future. Refer to “Past Due Notification” and “Appeals Process” in this section.

**ASHA CEU Participant Forms**

ASHA CEU Participant Forms that are distributed to participants who meet satisfactory completion requirements for CE courses and who have met the requirements to earn ASHA CEUs for a particular course. The ASHA CEU Participant Form is completed by the individual participant and returned to the ASHA CE Provider at the completion of the course offering. The ASHA Approved CE Provider collects all ASHA CEU Participant Forms and, together with the Course Offering Report Form, forwards them to the ASHA CE Registry so that they are received no more than 45 days after the completion date of the course. Refer to Section 4, “Instructions for Completing the ASHA CEU Participant Form” for specific instructions on completing and filing ASHA CEU Participant Forms. Providers have an option of filing information electronically. Contact your ASHA CE Provider Manager for details.

**Filing Forms for Distance Learning or Individual/Self-Study Courses**

When ASHA Approved CE Providers offer CE courses where participants are dispersed across multiple sites (e.g., in a tele- or videoconference) or when completion of the course occurs at varying times according to the participant’s schedule (e.g., for a self-study course), they should consider the following factors before filing the course:
• Are there clear instructions for site coordinators to follow at satellite sites regarding satisfactory completion requirements, ASHA CE paperwork, and filing deadlines?

• Will filing the course offerings monthly, bi-monthly, quarterly, semi-annually, or annually accommodate the ASHA CEU documentation needs of the ASHA CE participants while being administratively manageable by the ASHA Approved CE Provider?

• Do the instructions for participants in these courses clearly explain the satisfactory completion requirements, paperwork submission deadlines, and when they can expect the credit to appear on their ASHA CE Registry record?

Refer to Section 4 for detailed information about filing for various kinds of continuing education courses.

**Filing Forms for Course Offerings in Which There are No ASHA CEU Participants**

When a course offering is held but no one registers for ASHA CEUs or completes ASHA CEU Participant Forms, the course offering is NOT considered canceled. Because the course offering was held, the ASHA CE administrator must submit the Course Offering Report Form. Doing so allows the ASHA CE Registry to close out the course offering. Alternatively, the ASHA CE administrator may report the course offering as held with no ASHA CEU participants using the web form found on the CE website at www.asha.org.

If a Course Offering Report Form is not received within 45 days of the course offering’s completion date, the course offering will be considered late, and the Provider must appeal to the CEB to have the Course Offering Report Form accepted after the deadline. A late fee may be charged. Refer to “Past Due Notification” and “Appeals Process” in this section for more information.

**Canceled Course Offerings**

On occasion, a Provider decides to cancel a course offering that has been registered with the ASHA CE Registry. The ASHA CE administrator must report the course offering as canceled no more than 45 days after the originally scheduled completion date of the course offering using the web form found on the CE website at www.asha.org. All course offering cancelations must be reported in order to close out our records.

If a course offering cancellation is not received within 45 days of the originally scheduled completion date, the course offering will be considered late, and the Provider must appeal to the CEB. A late fee may be charged. Refer to “Past Due Notification” and “Appeals Process” in this section.

**Filing Forms for Rescheduled Course Offerings**
If the offering is being rescheduled to a future date, the web form found on the CE website at www.asha.org should be used. The form must be submitted at least 3 days prior to the new start date. If the original offering dates occurred in the past, the original offering should be reported on as canceled/not held and a new offering should be added. The new offering will be assigned a new course offering number.

**Provider Requirements/Responsibilities Related to Alternative CE Delivery Methods**

The ASHA CEB recognizes and supports the delivering CE courses to learners through alternative formats. The CEB has established requirements and procedures to avail learners of such opportunities while maintaining the standards and integrity of the ASHA CEU. Following are the definition and basic requirements related to self-study and independent study. Additional information regarding this topic can be found under “Calculating ASHA CEUs ” in this section and in Section 4; “Requirements for Providers That Offer Self-Study Courses” in Section 4; and in Section 5.

**Self-Study (Course Type: Individual)**

Self-study materials (i.e., self-paced courses such as journals, newsletters, computer programs, videotapes, audiotapes, etc.) are considered Provider-initiated courses. To offer self-study courses for ASHA CEUs, Providers must follow the procedures under “Requirements for Providers That Offer Self-Study Courses” in Section 4. In addition, Providers that offer self-study materials should be aware of the following requirements:

1. The ASHA Approved CE Provider that offers self-study materials for ASHA CEUs must adhere to the same requirements and procedures used to plan, market, deliver, and evaluate other types of Provider-initiated courses, such as workshops and conferences. For example, Providers must include the required ASHA Approved CE Provider Brand Block and required ASHA CEU sentence in any self-study materials offered for ASHA CEUs as well as in any marketing or promotion of the materials. Learner assessment and program evaluation components must also be included with the materials.

2. A self-study course is valid for five years from the start date of the first offering.

3. Providers must have a method for assigning ASHA CEUs to the self-study materials. To determine how many ASHA CEUs may be offered for self-study materials, refer to “Calculating ASHA CEUs” in this section and the “Requirements for Providers That Offer Self-Study Courses” in Section 4.

4. The Provider must disclose if any instructional personnel have a financial or nonfinancial interest in any products or services discussed in a self-study course. This information must be made available to the participants in the promotional materials before the start of the self-study course and conveyed at the start of the course. The mechanism for disclosure is dependent on the format of the self-study. This disclosure is intended to inform CE participants of any financial or nonfinancial interest instructional personnel may have and its possible influence on the information presented.
Independent Study

Independent Study is a learner-initiated and designed education experience for the enhancement of skills and knowledge in a specific area relevant to the field of communication disorders. The Independent Study plan is proposed by the learner and reviewed, monitored, and approved by an ASHA Approved CE Provider designated as an Independent Study Provider. Providers may voluntarily elect to be Independent Study Providers when they apply for ASHA Approved CE Provider status or at any time while they are an Approved Provider.

Independent Study Providers are designated as such on all published lists of ASHA Approved CE Providers. Designation as an Independent Study Provider in no way obligates a Provider to accept requests for processing an Independent Study plan. Providers may agree to assume such responsibilities at their discretion on a case-by-case basis and may charge an administrative fee for this service. Refer to Section 5 for specific requirements and procedures related to Independent Study.

Providers often have questions about how ASHA's definitions of self-study and independent study compare and differ. The following should prove helpful.

Self-study materials offered for ASHA CEUs are:

- Prepackaged continuing education products that have been planned and evaluated by an ASHA Approved CE Provider.
- Intended for use by an individual learner, but developed for, and marketed to, a large audience of potential users
- Typically in a fixed format (e.g., tapes, videos, journals).
- Filed as CE courses with the ASHA CE Registry. ASHA CEU Participant Forms are filed as they would be following a conventional "live" course (e.g., workshop, seminar) offered through an ASHA CE Provider. The timetable for registering the courses and subsequent participant credit vary depending on the filing schedule of the ASHA CE Provider (i.e., the Provider may choose to file the course annually, quarterly, or more frequently).
- Subject to a pre-assigned ASHA CEU limit that reflects the average time a sample group of learners took to complete the self-study. Users of the self-study materials typically may not deviate from the self-study format and can earn only the amount of ASHA CEUs assigned that self-study.

Independent study plans that qualify for ASHA CEUs are:

- Planned and initiated by the learner with the assistance and approval of an ASHA CE Provider designated as an Independent Study Provider.
- Are intended for the individual learner who plans and undertakes a unique learning experience to meet personal learning needs.
• Made up of materials and learning formats of the learner's choice (subject to approval by the Independent Study Provider).

• Scheduled by the learner and Independent Study (IS) provider. IS plans must be completed by December 31st of the year they were started. If the learner’s IS plan runs into another calendar year, a separate plan must be developed for the next year. The IS Provider files the IS plan with ASHA CE not more than 45 days after the learner has completed the Independent study.

• Limited to 2.0 ASHA CEUs per Independent Study plan. However, there is no limit to the number of plans that can be submitted to the ASHA CE Registry on a learner’s behalf. The number of ASHA CEUs that will be earned for the Independent Study course is subject to negotiation between the learner and the Independent Study Provider

Provider Requirements/Responsibilities Related to Cooperative CE Offerings

A cooperative course/offering(s) is when an ASHA Approved CE Provider joins with an organization or entity that is not an ASHA Approved CE Provider to plan, deliver, and evaluate a continuing education course/offering(s) for ASHA continuing education units (CEUs), and a fee is incurred. The ASHA Continuing Education Board (CEB) considers a course/offering(s) cooperative if another party or entity is not part of the organization that has been approved as the ASHA Approved CE Provider, as detailed in the application to become an ASHA Approved CE Provider.

Entering into a cooperative agreement with an entity outside the group or organization approved as the ASHA CE Provider is optional. Some ASHA Approved CE Providers do not join with others to conduct cooperative CE offerings. Others conduct only a select number of cooperative offerings per year. Once a cooperative agreement is established with another entity, it is the responsibility of the ASHA Approved CE Provider to see that all CEB requirements are met. If the non-Provider fails to meet CEB requirements, the ASHA Approved CE Provider is responsible for the consequences. ASHA Approved CE Providers should not allow a cooperative agreement to jeopardize ASHA Approved CE Provider status. The CEB therefore recommends that the ASHA CE administrator be thoroughly satisfied that the course meets CEB requirements before entering into a cooperative agreement and before providing the verbiage for the required ASHA CEU sentence and the ASHA Approved CE Provider Brand Block. Course and offering registration must include information about the cooperative party and the nonrefundable co-op fee(s) in order to be registered by the ASHA CE Registry. The ASHA Approved CE Provider, not ASHA CE staff, is responsible for collecting the co-op fee(s) from the non-Provider organization.

The CEB reserves the right to revoke a Provider’s ability to conduct cooperative CE offerings because of repeated demonstration of noncompliance with CEB requirements. The CEB also may revoke a non-Provider’s cooperative offering privileges if it has a history of noncompliance with CEB requirements.
The ASHA Approved CE Provider who conducts a cooperative CE offering with an organization or unit that is not an ASHA Approved CE Provider must be significantly and directly involved in the planning, promotion, implementation, and evaluation of the cooperative offering. Frequent contact during the planning of the course is required. The contact may be on-site or through telephone calls and correspondence. ASHA Approved CE Providers are urged to establish their own time lines, procedures, and agreements for conducting cooperative offerings that will allow them to comfortably meet the CEB requirements. ASHA Approved CE Providers may charge an administrative fee (in addition to the co-op fee that is submitted to ASHA) to conduct cooperative CE offerings with others.

The ASHA Approved CE Provider and the ASHA CE administrator for the Provider are responsible for assuring that cooperative offerings meet CEB requirements. The ASHA Approved CE Provider's CE administrator is responsible for all contact with the ASHA CEB, the ASHA CE Registry and ASHA CE staff relative to the cooperative offering. Refer to “Requirements for Providers That Conduct Cooperative CE Offerings” Section 4.

Forms/Letters Issued by the CEB and ASHA CE Staff

Provider Certificate of Approval

When the ASHA Continuing Education Board (CEB) approves an organization as a Provider, the organization will receive a certificate, suitable for framing, indicating that the organization is an ASHA Approved CE Provider. The certificate indicates the dates of the 5-year Provider-approval period and is signed by the current ASHA president. New certificates are issued to Providers whose Provider status is renewed following their participation in the Provider 5-year review (refer to “Provider 5-year review” in this section for additional information). Certificates are ordered every 6 months. Once an organization’s Provider status is approved or renewed; its Provider certificate will be embossed with the next group of certificates ordered.

Course and Offering Registration, ASHA CEU Participant, and Course Offering Report Forms

When an ASHA Approved CE Provider plans to offer a course, the Provider must submit a course and offering registration with the ASHA CE Registry. At the conclusion of a course offered for ASHA CEUs (or upon its cancellation), the Provider must file a Course Offering Report Form and ASHA CEU Participants Forms (if applicable) with the ASHA CE Registry. Instructions for completing the forms are included in Section 4. These forms are all available at the Provider only website www.asha.org.

Course Registration Confirmation

Upon receipt of a Course and offering registration, ASHA CE staff review the course on behalf of the CEB. If the information on the course and offering registration and the accompanying materials meet the CEB requirements, the information on the course and offering registration is entered in the ASHA CE Registry. The ASHA CE Registry generates a course registration confirmation. This confirmation should be checked for
accuracy because the information will appear on transcripts of participants who earn ASHA CEUs for the course. The ASHA CE administrator should correct the errors to the course registration confirmation by following the instructions on the form. The ASHA CE Registry will make the corrections and issue a corrected course registration confirmation.

It is not necessary to wait for the receipt of the course registration confirmation before promoting or proceeding with the course or before offering ASHA CEUs. The CEB entrusts Providers with planning and conducting their CE courses according to the CEB requirements. Should items submitted reflect noncompliance with CEB requirements, the Provider’s designated CE Provider Manager will contact the ASHA CE administrator and request the information necessary to register the course.

Course Offering Roster

The ASHA CE administrator will receive a course offering roster letter after the ASHA CE Registry has scanned all ASHA CEU Participant Forms and entered ASHA CEUs for participants in the course offering. The roster lists the names of participants whose forms were scanned. Next to each name is the number of ASHA CEUs awarded to that participant. If the participant has not paid the annual ASHA CE Registry fee for the year, an asterisk will appear next to the name. It is not the Provider’s responsibility to collect the ASHA CE Registry fee. Fee payment status information is given to Providers in the event the participant contacts the Provider about ASHA CEUs. ASHA CEUs are not awarded or posted to the ASHA CE Registry until the fee is paid. If individuals submitted a ASHA CEU Participant Form but are not eligible to earn ASHA CEUs, their name may appear on the roster with an asterisk or some other designator.

Checking the Accuracy of the Roster

When the ASHA CE administrator receives the course offering roster from the ASHA CE Registry, it should be reviewed carefully to see that all participants who earned ASHA CEUs are listed and that the ASHA CEU amounts are correct. If there is a discrepancy between the ASHA CE Registry course offering roster and Provider’s records, the ASHA CE administrator should notify the Registry by the roster correction date printed on the course offering roster so that corrections can be made.

Correcting the Course Offering Roster

Corrections to the roster will be accepted when the ASHA CE administrator’s records indicate that (a) the ASHA CE Registry made an error in the amount of credit a participant should have received or (b) the ASHA CE Registry omitted the name and credit of a participant for whom the Provider submitted a ASHA CEU Participant Form. The ASHA CE administrator should complete the roster corrections web form found in the CE section of ASHA’s website by the roster correction date found on the course offering roster. The ASHA CE administrator should call the ASHA CE Registry if there are questions about how to correct the roster.

Situations That Are Not Corrections to the Roster
The Provider cannot use the process of correcting the roster to file ASHA CEU Participant Forms in any of the following situations:

- The 45-day post-course offering deadline has passed.
- A participant decided after the course offering that he or she wanted ASHA CEUs; ASHA CEUs cannot be awarded retroactively.
- The Provider forgot to send in the form with the initial batch that accompanied the Course Offering Report Form.

To avoid these situations, the CEB suggests the following:

- All ASHA CEU Participant Forms should be collected on site immediately after the course offering. The ASHA CE administrator or a representative should announce or publicize that forms will only be accepted at the close of the course offering. Make it clear to participants that the Provider does not accept forms mailed in later or received after the course offering closes. The ASHA Approved CE Provider is responsible for seeing that participants satisfactorily complete the requirements to earn ASHA CEUs. If attendance is used to measure satisfactory completion of the learning experience, participants should submit forms on site immediately after the course. The Provider should publicize and adhere to this requirement.

- When ASHA Approved CE Providers offer CE courses where participants are dispersed across multiple sites (e.g., in a tele- or videoconference) or when completion of the course occurs at varying times according to the participant’s schedule (e.g., for a self-study course), they should ensure the instructions regarding satisfactory completion requirements, submitting the ASHA CEU Participant form (or providing the information necessary to submit the participant to ASHA CE Registry) and filing deadlines are clearly stated.

Any ASHA CEU Participant Form(s) submitted after the initial batch or after the 45-day deadline must be accompanied by a letter of appeal to the CEB from the ASHA CE administrator explaining why the CEB should waive its usual processing procedure or deadline and accept the form(s). In circumstances in which the appeal is accepted, the CEB may require a fee to process late materials. Providers who have questions about how to correct a roster or about submitting materials to the ASHA CE Registry should call the designed CE Provider Manager (see Appendix D for ASHA CE Staff Contacts).

**Memos/Newsletters from the CEB and ASHA CE Staff**

The Continuing Education Board and the ASHA CE staff frequently send additional information of importance to ASHA Approved CE Providers (e.g., newsletters, changes in procedures, revision of forms, or memoranda to the ASHA CE administrator). The material should be carefully reviewed and maintained with the current CEB Manual. ASHA Approved CE Providers and ASHA CE administrators are
responsible for updates and changes in procedures and requirements and for communicating those changes to new ASHA CE administrators.

**Fee Invoices**

There are only two Provider-related fees that are regularly invoiced by ASHA CE staff. The ASHA Approved CE Provider annual fee is invoiced in September, with payment due no later than January 1st of the following year. Second invoices are issued in February and include a late fee. Late fees are assessed and accrue each month the payment is late. Every 5 years, a Provider is invoiced for the 5-year review processing fee.

Co-op fees are listed on the ASHA CE Program fee schedule found at www.asha.org and must accompany the course and offering registration submitted for any cooperative CE offering. Any late fees charged by the Continuing Education Board (CEB) as a result of Provider noncompliance with deadlines or requirements are invoiced when decisions are made by the CEB on ASHA Approved CE Provider appeals.

**Past Due Notification**

Routinely, the ASHA CE Registry runs a search for all Course Offering Report Forms that have not been received within 45 days of the respective course offering’s completion date. The ASHA CE Registry notifies the ASHA CE administrator that the Course Offering Report Form and accompanying materials have not been received. The Provider must submit reporting for the course offering in question and a letter of appeal to the CEB. For additional information, see “Appeals Process” in this section.

**Show Cause Letter**

The CEB may issue a “show cause” letter if an ASHA Approved CE Provider: (a) files three appeals with the CEB within a calendar year; (b) demonstrates repeated noncompliance; or (c) fails to participate in the Provider 5-Year Review, as scheduled. The show cause letter is a letter from the CEB asking the Provider to "show cause" in writing why ASHA Approved CE Provider status should not be withdrawn. The ASHA Approved CE Provider will be placed in a probationary status until the CEB receives and acts upon the "show cause" reply from the Provider. The Provider’s reply must be made within 30 days of the postmark of the CEB’s letter. If a response from the Provider is not received, postmarked within the 30-day period, the CEB will begin the process to withdraw ASHA Approved CE Provider status.

Any Provider asked to “show cause” and placed in probationary status twice in a 36-month period will have Approved CE Provider status withdrawn upon the next instance of noncompliance.

**Sanctions Against Providers for Noncompliance With CEB Requirements**

To maintain ASHA Approved CE Provider status, Providers must adhere to all CEB requirements, policies, and procedures. The CEB monitors Providers on an ongoing basis. Failure to adhere to the CEB requirements will result in sanctions being placed
against the Provider. CEB sanctions fall into two categories: inactive status and probationary status.

**Inactive Status**

Providers may be placed on inactive status for (a) failure to pay Provider-related fees (i.e., annual, late, and co-op offering fees); and (b) failure to respond in a timely manner to requests from ASHA CE staff or the CEB. The Provider may be reinstated to active status when (a) fees are paid; (b) the Provider responds as requested; and a letter of appeal to the CEB is received and adjudicated in the Provider’s favor. Inactive status is limited to 1 year, after which the process to withdraw ASHA Approved CE Provider status begins. If a Provider is placed on inactive status, the Provider may appeal this decision to the CEB in the form of a request for reconsideration. The Provider may not appeal the decision to the Board of Directors of the American Speech-Language-Hearing Association. Review by the full CEB will represent final appeal in these cases.

During inactive status, new courses may not be registered with the ASHA CE Registry, and a Provider may not advertise that they are an ASHA Approved CE Provider or that ASHA CEUs are available for courses that the organization offers. Your organization cannot conduct cooperative offerings, engage in cooperative offerings, nor conduct independent study activities while in inactive status. Your organization may not advertise that it is an ASHA Approved CE Provider while in Inactive status. For additional information, see “Appeals Process” in this section.

**Probationary Status**

A Provider may be placed on probation by the CEB for failure to comply with CEB requirements, policies, and/or procedures or for failure to participate in the Provider 5-year review, as scheduled. The Provider may be placed on probation for not more than 1 year. The CEB’s decision to place a Provider on probation may not be appealed to the ASHA Board of Directors. In these cases, review by the full CEB in the form of a request for reconsideration will represent final appeal.

The reasons for probation and stipulations of the probation period will be specified in detail in a letter to the ASHA Approved CE Provider from the CEB. During the period of probation, the Provider must demonstrate compliance with the requirements established by the CEB. If, at the end of the probationary period or at any point during the probationary period, the Provider is found to be in noncompliance, ASHA Approved CE Provider status will be withdrawn.

If Approved CE Provider status is withdrawn, any fees credited to the Provider will be forfeited; any fees outstanding will be due and payable. If the decision of the CEB is to withdraw Provider status, the Provider may appeal that decision. The first level of appeal is a request for reconsideration by the CEB. If the CEB sustains its original decision, the Provider then may appeal the decision to the Board of Directors of the American Speech-Language-Hearing Association (ASHA). For additional information, see “Appeals Process” in this section.
Contacting the ASHA CEB and ASHA CE Staff

Contacting the ASHA CEB

Providers and participants who have concerns about the Continuing Education Board (CEB) review process, CE administration, or other CE issues are encouraged to contact the CEB in writing. CEB members are volunteers and receive correspondence through ASHA CE staff.

Correspondence should be addressed to the:

ASHA Continuing Education Board
American Speech-Language-Hearing Association
2200 Research Blvd #340
Rockville, MD 20850

For a list of current Continuing Education Board members, contact ASHA CE staff at 301-296-8591.

See additional information regarding contacting the ASHA CEB under “Participant-Related Policies and Procedures” in this section.

To avoid confusion and miscommunication between ASHA CE staff, the CEB, and the ASHA Approved CE Provider, the CEB requires that all correspondence and CEB forms be signed by the ASHA CE administrator for the Provider. The CEB also asks that ASHA CE staff limit their communication to the appointed ASHA CE administrator for the same reasons. Difficulties arise when the CEB or staff communicate with or coordinate information among several contact persons. The CEB and ASHA CE staff interact with over 550 ASHA CE administrators and process over 23,000 courses per year. Given the volume of calls and mail processed by ASHA CE staff, the CEB finds it necessary to work directly with the ASHA CE administrator on all matters related to the ASHA Approved CE Provider.

Contacting ASHA CE Staff

Providers who have questions about the CEB requirements and procedures or other CE issues are encouraged to contact ASHA CE staff. Each Provider has been assigned a two person teams that includes a CE Provider Manager and a CE Accounts Manager. CEAs should reach out to their appointed team with questions.

Appeals Process

Appeals re: CEB Requirements and Deadlines

Providers who fail to meet Continuing Education Board (CEB) requirements, such as failing to file Course and offering registrations or Course Offering Report Forms before the deadlines, will need to appeal to the CEB to accept these materials past the deadline. Such appeals must be submitted by the Provider’s ASHA CE administrator. The appeal must address why the requirement should be waived and the nature of the
circumstances that prevented the Provider from meeting the requirement. The Provider should indicate, if appropriate, what steps will be taken to meet requirements and deadlines in the future.

The appeal must be submitted as directed by CE staff.

The ASHA CE director will forward the appeal to the CEB Regulations and Monitoring (R & M) Committee. The R & M Committee, on behalf of the CEB, acts upon all appeals of CEB requirements. The R & M Committee’s decision will be communicated to the Provider in writing. CEB decisions related to noncompliance with CEB requirements may not be appealed to the ASHA Board of Directors. In these cases, review by the full CEB in the form of a request for reconsideration will represent final appeal.

The CEB imposes a late fee for processing Course and offering registrations and Course Offering Report Forms after the required filing deadlines. If an appeal to file materials after the deadline is approved, the Provider must pay the late fee. The Provider may appeal to the CEB to have the late fee waived. Such appeals should be made in the same appeal letter that asked for materials to be accepted past the deadlines. See “Provider Fees” in this section for additional information.

While in the appeal process, a Provider will retain its ASHA Approved CE Provider status; however, the CEB may instruct the ASHA CE staff and the ASHA CE Registry to stop processing all new courses related to that Provider. No new courses will be reviewed or placed on the ASHA CE Registry. Once the appeal has been decided and the Provider has met the CEB’s requirements, ASHA CE staff and the ASHA CE Registry will be instructed to continue processing courses for that Provider.

If an ASHA Approved CE Provider files three appeals with the CEB within a calendar year, or has demonstrated noncompliance with a particular requirement on three separate occasions, the CEB may issue a “show cause” letter following its decision on the third appeal or act of noncompliance. The show cause letter is a letter from the CEB asking the Provider to "show cause" in writing why ASHA Approved CE Provider status should not be withdrawn. The ASHA Approved CE Provider will be placed in a probationary status until the CEB receives and acts upon the "show cause" reply from the Provider. The Provider’s reply must be made within 30 days of the postmark of the CEB’s letter. If a response from the Provider is not received, postmarked within the 30-day period, the CEB will begin the process to withdraw ASHA Approved CE Provider status.

Any Provider that has been in a "show cause" status twice in a 36-month period will have Approved CE Provider status withdrawn upon the next infraction.

**Process to Request Reconsideration of a CEB Appeal Adjudication Decision**

ASHA CE Providers who disagree with an appeal adjudication decision made by the CEB may ask the CEB to reconsider their decision. This process requires the Provider to send in a written request for reconsideration in the form of a letter. If reconsideration of an appeal decision is desired, a request for reconsideration should
be submitted via hard copy or email attachment to the CEB within 30 days of the date of the original appeal decision letter or email.

Reconsideration should be based only on the information the CEB used to make its initial adjudication decision. An ASHA Approved CE Provider asking for reconsideration must submit evidence that the CEB (a) committed an error or violated its procedures, (b) made an oversight in its decision-making process, or (c) made an incorrect decision.

If a Provider is asking for reconsideration and wishes to make a personal appearance before the CEB, that request must be stated in the written request for reconsideration. The CEB will review the request for reconsideration within 30 days of receipt. The CEB will notify the Provider of the time, date, and location of the reconsideration hearing so that a representative of the organization may appear or be heard, if desired. The CEB reserves the right to hold meetings and hearings via conference calls.

The appellant Provider will be responsible for travel expenses or conference call expenses of its own representative. If the Provider wishes to have an official transcript of the proceedings of the reconsideration hearing, arrangements and payment for a transcriber will be the Provider’s responsibility. The Provider will supply one copy of the transcript to the CEB at the appellant's expense. The CEB will notify the Provider of its reconsideration decision by mail or email within 10 days of reaching the decision.

The Provider may not appeal the CEB’s reconsideration decision to the Board of Directors of the American Speech-Language-Hearing Association. Review by the full CEB will represent final appeal in these cases.

**Appeals re: Provider Application Denied or ASHA Approved CE Provider Status Withdrawn**

If the decision of the Continuing Education Board (CEB) is to deny or withdraw Approved CE Provider status, the applicant/Provider may appeal that decision. The first level of appeal is a request for reconsideration by the CEB. If the CEB sustains its negative decision, the applicant/Provider then may appeal the decision to ASHA’s Board of Directors.

**Request for Continuing Education Board Reconsideration of Denied or Withdrawn Status**

Upon receipt of notification of the CEB's decision to deny or withdraw Approved CE Provider status, the applicant/Provider may request the CEB to reconsider its decision. The request for reconsideration must be made in writing to the chair of the CEB within 30 days from the postmark on the decision letter. The right to request reconsideration will be waived if such request is not postmarked within the 30-day period. During the reconsideration procedure, a Provider will retain its Approved CE Provider status.
In the request for reconsideration, the applicant/Provider must provide evidence that (a) the CEB committed an error or violated its procedures, (b) the CEB made an oversight in its decision-making process, or (c) matters have arisen in the organization since the application review or the CEB decision that might indicate current compliance with CEB requirements. Should the applicant/Provider wish to make a personal appearance before the CEB, it should be so stated in the written request for reconsideration. The CEB will review the request for reconsideration no later than its next meeting. The CEB will notify the applicant/Provider of the time, date, and location of the meeting in order that a representative of the organization may appear or be heard. The CEB reserves the right to hold meetings and hearings via conference calls.

The appellant applicant/Provider will be responsible for travel expenses or conference call expenses of its own representative. If the applicant/Provider wishes to have an official transcript of the proceedings of the reconsideration hearing, arrangements and payment for a transcriber will be the applicant's/Provider’s responsibility. The applicant/Provider will supply one copy of the transcript to the CEB at the appellant's expense.

The CEB will notify the applicant/Provider of its reconsideration decision by mail or email within 10 days of reaching the decision. If the decision of the CEB is to affirm the initial decision to deny or withdraw Approved CE Provider status, notice of the right to appeal the decision to the ASHA Board of Directors will be sent with the decision letter.

**Appeal to ASHA Board of Directors**

Upon receipt of notification of the CEB's decision after reconsideration, the applicant/Provider will have 30 days from the postmarked date of the decision letter within which to appeal the decision to the ASHA Board of Directors. The appeal request must be in writing and sent by certified or registered mail to the ASHA National Office.

If such appeal is postmarked within the 30-day period, the right of appeal will be forfeit. An approved Provider will retain its Approved CE Provider status until the appeal is decided. The appeal will be made on the record that was considered by the CEB at the time of its reconsideration decision. No new information (e.g., developments, plans, or improvements made after the CEB review and action) may be introduced during the appeal. All supporting materials must be submitted with the request for appeal.

The Board of Directors will review the appeal at its next regularly scheduled meeting. The Board of Directors has the option to appoint an appeals committee, made up of members of the Board, to hear and rule on appeals on behalf of the Board. The appellant applicant/Provider will be notified of the date, time, and place of the scheduled appeal hearing. A representative (or representatives) of the appellant organization and the chair of the CEB (or a designated representative) will have the right to attend the hearing to present a statement in support of or in opposition to the appeal. The appellant applicant/Provider will be responsible for travel expenses of its
own representative(s). If the applicant/Provider desires to have an official transcript of the proceedings of the hearing, arrangements and payment for a transcriber will be the applicant's/Provider’s responsibility. The applicant/Provider will supply one copy of the transcript to the CEB at the appellant's expense.

The Board of Directors appeals committee will reach a decision in private by majority vote. The decision may be to (a) uphold the CEB's decision or (b) reverse the decision and award or reinstate Approved CE Provider status. The president of ASHA or the chair of the Board appeals committee will advise the appellant applicant/Provider of the Board's decision by mail or email within 10 days after the appeal hearing. The decision of the Board of Directors will be final.
Provider Fees
ASHA reserves the right to change fees as conditions warrant. A current fee schedule can be obtained by contacting ASHA CE staff or at www.asha.org. Refer to “Participant Fees” in this section.

Application Fee
The cost of becoming an Approved Provider of continuing education entails an application fee, an annual Provider fee, and a Provider 5-year review fee (incurred every 5 years). The application fee is submitted to the Continuing Education Board with the application for CE Provider approval and is nonrefundable. Following approval of the application, the Provider is billed for the annual fee. Every 5 years, a Provider is invoiced for the 5-year review processing fee.

Annual Fee
Provider annual fees are billed in September for the coming year. Fees are payable by January 1st of each year. The Provider annual fee provides for the recognition and promotion of the Provider’s CE Program, the review and processing of the Provider’s CE courses, posting of courses on the ASHA CE Registry and other advertising outlets, and additional consultative and administrative functions. Provider annual fees are nonrefundable.

Providers who are approved after December 1 of a given year will be expected to pay an annual fee in the following year and each year of approval thereafter. Providers who receive initial approval before December 1 of any given year will be expected to pay the annual fee for the year in which approval is granted.

Additional fees are assessed and accrue each month the Provider annual fee payment is late.

Co-op Fee
A co-op fee is charged when a Provider joins with another entity that is not an ASHA Approved CE Provider to conduct a cooperative CE offering. The ASHA Approved CE Provider collects the fee from the non-Provider. The co-op fee must accompany the course and offering registration and must be received by the ASHA CE Registry no later than 30 days before the start date of the first course offering. (see “Provider Requirements/Responsibilities Related to Cooperative CE Offerings” in this section and “Requirements for Providers That Conduct Cooperative CE Offerings” in Section 4 for additional information). Co-op fees are nonrefundable and made payable to the ASHA CE Registry. If a cooperative offering is canceled, the co-op fee may be applied to another cooperative offering to be registered within 12 months of the end date of the originally scheduled course offering.

Fees to Process CE Courses and Offerings
The CEB charges fees to process ASHA Approved CE Provider's course documents that are noncompliant. Before ASHA CE staff can accept materials received after these deadlines, the ASHA CE administrator must file an appeal with the CEB. If the
appeal is approved by the CEB, the ASHA CE administrator will be notified of the approval. If a fee is assessed, it must be paid before the course can be processed. ASHA CE administrators also are notified if appeals are denied. Refer to “Appeals Process” in this section for additional information.

**Five-year Review Fee**

The CEB charges a fee to conduct Provider 5-year reviews. This is a non-refundable fee. Refer to “Provider Five-year review” in Section 2 of the manual and in this section.

**Reorganization Fee**

The CEB reserves the right to charge a fee to review applications of Providers whose organizational or administrative structure may have changed.
Provider Requirements/Responsibilities for Ongoing Maintenance of Approved CE Provider Status

Changing CE Personnel
If an ASHA Approved CE Provider wishes to replace the person who is designated as the ASHA CE administrator (CEA), the CE Content Consultant, or the CEA’s Supervisor for that Provider, the following are required:

1. Review the CEA and/or CE Content Consultant job descriptions (www.asha.org) to determine if the replacement is a good fit for the position. See “Requirements for ASHA CE Provider Approval” Section 2 for additional information about the CE personnel requirement.

2. Complete the Changing CE Personnel Web Form (go to www.asha.org).
   a. Change of CE administrator. The ASHA CE administrator is the person charged with overseeing the ASHA Approved CE Provider’s continuing education program and is the identifiable and continuous authority designated to ensure that the organization is in compliance with all ASHA Continuing Education Board requirements.
      Provide the following:
      i. Contact information;
      ii. Qualifications and resume. The resume must describe the replacement's qualifications and experience in continuing education program planning and his or her working knowledge of the professions of speech-language pathology and audiology;
      iii. Completed Requirement 2 course planning and reporting grid; and
      iv. Signed Provider Agreement form.
   b. Change or add a CE Content Consultant. If the proposed ASHA CE administrator is neither an ASHA member nor certified by ASHA, the ASHA Approved CE Provider must identify who will be the ASHA CE Content Consultant to the ASHA CE administrator. The function of the ASHA CE Content Consultant is to provide input on clinical content and professional practice issues during the planning, implementation, and evaluation phases of the continuing education process.
      Provide the following:
      i. Contact information to include ASHA member number;
      ii. Qualifications and resume. The resume must describe the Individual’s qualifications and experience in continuing education program planning and his or her working knowledge of the professions of speech-language pathology and audiology;
      iii. Description of how the CE administrator and the CE Content Consultant work together to plan, register (with ASHA CE), conduct, and evaluate courses and course offerings;
      iv. Completed Requirement 2 course planning and reporting grid;
      v. Signed Provider Agreement form.
c. Changing CEA’s Supervisor. The individual to whom the CE administrator reports to regarding the organization’s ASHA Approved CE Provider status.
   i. Contact information.

The CEB will review the materials and notify the Provider if additional information is needed. The new ASHA CE administrator and/or CE Content Consultant does not become effective until the Provider receives notification from the CEB of its decision. The letter welcoming the new CE administrator identifies the CE Provider Manager assigned to the Provider organization and directs the CE administrator to review the CEB Manual and schedule an orientation.

**Provider 5-year review**

Provider approval is for a 5-year period. The 5-year period starts from the date of initial Provider approval by the Continuing Education Board (CEB). The approval letter issued by the CEB to the Provider indicates the 5-year approval period. Providers who regularly file courses with the ASHA CE Registry (i.e., at least one course per year) will be apprised of their compliance with CEB requirements on an ongoing basis. A letter summarizing a Provider’s record and eliciting feedback for the CEB will be issued in the year in which a Provider’s approval is scheduled to expire. Providers who do not regularly file courses with the ASHA CE Registry may be asked to provide additional information to enable the CEB to assess continued compliance with its requirements. Any Provider whose record reflects inconsistent compliance with CEB requirements may be asked to respond to select questions regarding how compliance will be assured in the future. Any report or letter requesting such information will be issued in the year in which a Provider’s approval is scheduled to expire.

The CEB charges a fee to evaluate 5-year review materials (the invoice is issued with correspondence related to the 5-year review in the year in which a Provider’s approval is scheduled to expire). The CEB reserves the right to request additional information upon evidence of noncompliance with the CEB requirements.

The Provider will be notified of the status of the review and notified of continued Provider approval or other status determined by the CEB as a result of the review. If the review is satisfactory, the Provider will be approved for an additional 5-year period. Subsequent 5-year review cycles follow a similar pattern, with each review date based on the previous approval expiration date.
Participant-Related Policies and Procedures

ASHA CE Registry
The ASHA CE Registry is a computerized database containing the course records of ASHA Approved CE Providers and participants. All courses offered through ASHA Approved CE Providers are entered on a database. When participants complete a CE course and fill out an ASHA CEU Participant Form, that form is forwarded by the Provider to the ASHA CE Registry.

ASHA CE Registry records can be accessed in many ways. For example, a custom search of the course database can help locate a particular CE course, whereas an official transcript of a participant’s ASHA CE record can document one’s history of continuing professional development.

Award for Continuing Education (ACE)
An Award for Continuing Education (ACE) is available to ASHA members and nonmembers who hold an ASHA Certificate of Clinical Competence (CCC). Only credit accrued while the participant is an ASHA member or certificate-holder is applicable toward the ACE.

The requirements for the ACE can be fulfilled by earning 7.0 ASHA CEUs (i.e., representing 70 instructional contact hours) within a 36-month period by participation in courses offered through ASHA Approved CE Providers.

The ACE is automatically sent to individuals who have qualified on the basis of their cumulative current ASHA CEUs. “Current ASHA CEUs” are defined as those earned in the preceding 36-month period. (Example: For an ACE awarded in May 2019, the current 36-month period would extend from May 2019 until May 2022). Subsequent awards are made to qualified participants as soon as ASHA CEU requirements are met.

The ACE is dated as of the date that the award is approved and is considered valid for a 36-month period. The ACE certificate and participant’s ASHA CE Registry record indicate the “award” date and the “valid-through” date. Requirements for a subsequent ACE may be completed any time after the award date. ACE recipients (a) are listed on the ASHA Web site; (b) receive two notification letters confirming the award to forward to recipients of their choice (e.g., employer, supervisor); (c) have their names submitted to the state association newsletter editor and president in the state in which the awardee resides; (d) receive ACE ribbons with the notification letter for use on their registration badge at ASHA’s national and state association conventions; and (e) may purchase a personalized ACE certificate (instructions for ordering the certificate are included in the ACE notification letter).

ASHA members and Certificate holders can contact ASHA CE staff for additional information about the ACE. Refer to “Participant Appeals Process” in this section for information on the appeals process should the awarding of the ACE be denied.
ASHA CEFind

The ASHA CE Registry displays its course database to ASHA’s Web site. This enables Providers and participants alike to search the ASHA CE Registry for information about upcoming courses. Individuals may search by topic, course format, date, location, or key words in the course title or description. The resulting report identifies courses that meet the search criteria. Each course listed includes the title, date, Provider and registration information (if provided), location, and number of ASHA CEUs offered. The service is free to ASHA Approved CE Providers, ASHA members, and ASHA CE Registry users.

Participant-Related Forms/Letters Used by the ASHA CE Registry

ASHA CEU Participant Form

When eligible individuals participate in a course offered through an ASHA Approved CE Provider, they complete a form called the ASHA CEU Participant Form and submit it to the Provider before leaving the course. The ASHA CEU Participant Form elicits identifying information to create or update a participant’s record on the ASHA CE Registry (i.e., name, address, daytime phone, and ASHA number) and information about the course (i.e., course title, completion date). Participants who already have an ASHA CE Registry record, but need to update identifying or contact information (e.g., name, address, phone number) are instructed to contact ASHA’s Action Center (800-498-2071) or to go through ASHA’s Web site to update their records. Note: Only members can access the membership directory database. It is important for participants to indicate if any of the identifying information on the form reflects a change that should be made to their records at ASHA. The form is forwarded by the Provider with the forms from other participants in that course to the ASHA CE Registry. The ASHA CE Registry is a computerized record-keeping system that is similar in function and nature to a college registrar service.

In order to have ASHA CEUs recorded on their ASHA CE Registry transcript, each participant pays an annual ASHA CE Registry fee. The fee allows participants to register an unlimited number of ASHA CEUs, taken through ASHA Approved CE Providers only, on the ASHA CE Registry during that calendar year. ASHA Approved CE Providers are not responsible for collecting ASHA CE Registry fees. Rather, participants pay the ASHA CE Registry fee directly to ASHA when they pay their annual membership or certification fee, upon receipt of an invoice from the ASHA CE Registry, or by completing the ASHA CE Registry subscription form. Refer to “Participant Fees” in this section.

Transcripts

When ASHA Approved CE Providers file a course with the Continuing Education Board (CEB), the information regarding that course is entered on the ASHA CE Registry. The ASHA CE Registry is a database of Providers’ courses and learners' continuing education participation. When Providers send ASHA CEU Participant Forms to the ASHA CE Registry, those forms are scanned, and participant credit is entered on the database. The database links the course description with the ASHA
ASHA CEU credit and places the information on each participant's permanent record (transcript).

The ASHA CE Registry can generate a participant's transcript upon request by the participant. Transcripts include a cumulative list of the CE courses for which a participant earned ASHA CEUs. Each listing on the transcript includes the course description, title, content code and instructional level, the course completion date, the course Provider, and the number of ASHA CEUs earned in that course. Transcripts also indicate the date(s) on which the participant received the ASHA Award for Continuing Education (ACE). Transcript files are maintained indefinitely and are issued upon request by the participant. Participants use transcripts to document their continuing education participation for such purposes as state licensure renewal, teacher certification, and job/salary advancement.

**ASHA CE Registry Subscription Form**

Individuals may choose to pay their annual ASHA CE Registry fee at any time during the year. The ASHA CE Registry subscription form should accompany the payment.Individuals can obtain a subscription form by downloading it from ASHA’s Web site (http://www.asha.org).

**ASHA CE Registry Invoice**

When ASHA Approved CE Providers file the ASHA CEU Participant Forms with the ASHA CE Registry, ASHA CE staff scan the forms onto respective Providers’ and participants’ records. If the ASHA CE Registry has no record of a participant’s payment of the ASHA CE Registry fee for the calendar year in which the course ended, an invoice will be generated and sent to the participant. Until the ASHA CE Registry fee is paid for the calendar year in question, the ASHA CEU credit will not appear on an individual’s ASHA CE Registry record nor on his or her official transcript. Refer to “Participant Fees” in this section for additional information.

**ACE Letter**

Individuals who earn the ACE are notified by a letter signed by the current chair of the Continuing Education Board (CEB) and the director of ASHA Continuing Education. The letter specifies the term during which the ACE is considered valid and “current” and includes (a) two notification letters confirming the award for ACE awardees to forward to recipients of their choice (e.g., employer, supervisor); (b) ACE ribbons to be worn on ASHA and/or state convention registration badges; and (c) an ACE Certificate order form. Refer to “Award for Continuing Education (ACE)” in this section for additional information.

**ACE Certificate**

The ACE Certificate is an embossed certificate suitable for framing and available for purchase by ACE awardees. The Certificate, signed by the current ASHA President, identifies the ACE recipient, and the month and year in which the ACE is awarded.
Refer to “Award for Continuing Education (ACE)” in this section for additional information.

**Contacting the ASHA CEB and ASHA CE Staff**

Refer to sections of the same name under “Provider-Related Policies and Procedures.”

**Complaints and Concerns About ASHA Approved CE Providers**

Complaints and concerns about ASHA Approved CE Providers, such as those regarding administrative issues, program procedures, physical setting, qualifications and appropriateness of instructional personnel, and quality of course content should be addressed in the following manner.

1. The participant should inform the Continuing Education Board (CEB) of the complaint or concern in writing. All submitted complaints must be signed. No anonymous complaints will be acted upon.

2. The CEB Regulations and Monitoring (R & M) Committee, a subcommittee of three members from the CEB, will review the complaint or concern and the ASHA Approved CE Provider information on file.

3. When appropriate, the CEB will notify the Provider in writing of the nature of the complaint or concern and invite a response within 30 days. The identity of the complainant will not be revealed unless the complainant gives permission to disclose his or her name.

4. The CEB R & M Committee then will consider all data and correspondence pertinent to the issue and make a decision. Both the complainant and ASHA Approved CE Provider then will be advised of the decision in writing, specifying: (a) lack of evidence to support further investigation or (b) recommendations to the Provider for meeting CEB requirements, including a designated time limit in which the Provider must demonstrate compliance or submit a statement of reasons for noncompliance.

5. Failure to abide by the CEB findings may result in sanctions, including withdrawal of ASHA Approved CE Provider status, where appropriate.

6. In those cases that suggest violation of the ASHA Code of Ethics, the CEB will make referral to the ASHA Board of Ethics.

7. In cases in which withdrawal of Approved CE Provider status results, the Provider may appeal the CEB decision in accordance with procedures outlined in the CEB's Appeals Process (see “Appeals re: Provider Application Denied or ASHA Approved CE Provider Status Withdrawn” in this section for additional information).

**Complaints and Concerns About Organizations Erroneously Offering ASHA CEUs**
Only ASHA Approved CE Providers have the authority to offer continuing education courses for ASHA CEUs. If a course is promoted as being offered for ASHA CEUs (or it can be construed as such by the wording on the promotional materials or announcements at the course itself), individuals are encouraged to contact ASHA CE staff with this information (refer to Appendix D, ASHA CE Staff Contacts). Upon receipt of notification about ASHA CEUs being offered without authority, ASHA CE staff will contact the non-Provider organization to explain the process by which ASHA CEUs are awarded. If necessary and possible, the CEB will advise the organization to issue a letter to participants at the event to notify them that ASHA CEUs will not be offered for the course in question.

**Participant Appeals Process**

Participants who have been denied ASHA Continuing Education Units (CEUs) or the Award for Continuing Education (ACE) may appeal those decisions to the CEB. Such appeals must be in writing and signed by the appellant. The appeal letter must address the reasons the ASHA CEUs or ACE should have been awarded. The letter also should address any unusual circumstances that might have prevented the appellant from meeting the requirements for earning ASHA CEUs or the ACE. The CEB will only accept appeal requests from participants asking that ASHA CEUs be granted for a course within 12 months from the course end date.

The appeal letter should be submitted via ASHA’s website: [http://www.asha.org/CE/for-providers/Participant-Appeal-Form-Announcement/](http://www.asha.org/CE/for-providers/Participant-Appeal-Form-Announcement/)

The ASHA CE director will forward the appeal to the CEB Regulations and Monitoring (R & M) Committee, a review panel of three CEB members. The R & M Committee, on behalf of the CEB, acts upon all appeals of CEB requirements. The R & M Committee's decision will be communicated to the appellant in writing via email. Appeals that are denied can be resubmitted to CEB and the appellant can ask the CEB to reconsider their decision. CEB decisions related to denial of ASHA CEUs, denial of the ACE, or appeals related to other administrative actions of the CEB review process may not be appealed to the ASHA Board of Directors. In these cases, review by the full CEB in the form of a request for reconsideration will represent final appeal.

**Participant Fees**

A variety of fees are charged participants to use the services of the ASHA CE Registry or to purchase items/services related to the Continuing Education Program. ASHA reserves the right to change fees as conditions warrant.

Copies of the current fee schedule may be requested from ASHA CE staff at the ASHA National Office. Also see www.asha.org.

**Annual ASHA CE Registry Fee**

Participants pay an annual fee to use the ASHA CE Registry. The annual fee covers the processing of all ASHA CEUs for courses taken through ASHA Approved CE
Providers during the calendar year. ASHA members and nonmember certificate holders may pay the annual CE Registry fee with their ASHA membership dues or certification fees through the ASHA annual invoice method. If qualified participants who are neither ASHA members nor ASHA certificate holders may pay the annual fee by obtaining subscription information from the ASHA CE Registry.

Individuals are eligible to earn ASHA CEUs if they meet at least one of the following criteria:

- ASHA Member (includes Life member and International affiliates)
- ASHA Certificate of Clinical Competence (CCC) Holder
- Licensed by a state or provincial regulatory agency to practice speech-language pathology (SLP) or audiology
- Credentialed by a state regulatory agency to practice SLP or audiology
- Credentialed by a national regulatory agency to practice SLP or audiology
- A Clinical Fellow supervised by someone who holds the ASHA CCC
- Currently enrolled in a masters or doctoral program in SLP or audiology

Providers do not collect annual CE Registry fees from participants nor do they verify that annual ASHA CE Registry fees have been paid before submitting ASHA CEU Participant Forms for participants. When the ASHA CE Registry scans ASHA CEU Participant Forms, those participants who have not paid the annual ASHA CE Registry fee will be identified and billed for the fee. ASHA CEUs will not be placed on the participant's transcript until the annual ASHA CE Registry fee is paid and eligibility to earn ASHA CEUs is verified.

Providers are discouraged from charging participants additional fees to process their ASHA CEUs. Any processing fee charged by Providers must be identified in promotional material as being charged by the Provider, not ASHA.

**ACE Certificate Fee**

ASHA members and nonmember ASHA certificate holders who earn the ASHA Award for Continuing Education (ACE) may purchase an ACE certificate of recognition. The certificate is suitable for framing and is signed by the current ASHA President. The ACE is awarded at no charge. The certificate is available for a nominal fee.

**Transcript Fee**

When participants pay the annual ASHA CE Registry fee, then their account is credited with a voucher that can be used to request an ASHA CE Registry transcript at no cost. Additional transcripts can be purchased for a fee. Refer to www.asha.org or contact ASHA CE staff at the ASHA National Office for a current fee schedule.

**Transcript Fee (Express Service)**

For a fee, the ASHA CE Registry will print a participant's CE transcript within 24 hours and fax or express mail it to the location indicated by the participant. Express
service requests are taken by phone and charged to the participant's credit card (MasterCard, Visa or Discover).
Section 4: Provider-Initiated Courses

Overview

Organizations Qualified to Offer Provider-Initiated Courses for ASHA CEUs

When an organization is approved by the Continuing Education Board (CEB) of the American Speech-Language-Hearing Association (ASHA) as an ASHA Approved Continuing Education (CE) Provider, that organization may offer its continuing education courses for ASHA CEUs if those courses meet the CEB requirements. The organization also may choose to jointly offer continuing education courses for ASHA CEUs with other ASHA Approved CE Providers or with an entity that is not an ASHA Approved Provider. This process is called conducting a cooperative CE offering.

If an ASHA Approved CE Provider chooses to offer a CE course for ASHA CEUs, the Provider must adhere to the CEB requirements in planning, promoting, implementing, evaluating, and reporting that course. Some ASHA Approved CE Providers may offer all of their organization's CE courses for ASHA CEUs, whereas other Providers may choose to offer only certain courses for ASHA CEUs. It is the responsibility of the Provider and the ASHA CE administrator to determine whether a course will meet all the CEB requirements and whether that course will be offered for ASHA CEUs.

Purpose of Provider-Initiated Continuing Education Courses

Provider-initiated courses are planned by the ASHA Approved CE Provider for groups of participants. Courses should be based on needs assessment data and should be designed to meet the needs of speech-language pathologists, audiologists, and speech/language/hearing scientists. Provider-initiated CE courses should be designed to enhance professionals' skills and knowledge in a specific area that is relevant to the field of communication disorders.

Providers developing group CE courses must base the course on an identified need, develop participant learning outcomes, have a system to assess learning outcomes, have a mechanism to determine satisfactory completion of the learning course, and have a method to evaluate the program. Development of Provider-initiated courses should be based on principles of adult learning and sound program planning. Providers planning group CE courses must adhere to the 12 requirements for initial and ongoing ASHA Approved CE Provider status (see Section 2-ASHA Continuing Education Provider).
Requirements for Providers of Provider-Initiated Courses

ASHA Approved CE Providers who offer continuing education courses for ASHA CEUs must adhere to the 12 CEB requirements (see “Requirements for ASHA CE Provider Approval” in Section 2) when planning, promoting, implementing, evaluating, and reporting CE courses. Providers must adhere to the Guidelines and Required Practices of each Requirement as well as to the additional requirements and procedures described in the Policies and Procedures and in this section of the manual.

General Procedures for Planning and Reporting Provider-Initiated CE Courses

The ASHA CE administrator should follow these administrative procedures to plan, promote, report, and conduct a course for ASHA CEUs.

Before the Course

The ASHA CE administrator should:

1. Identify the needs of a potential target audience.

2. Decide to conduct a continuing education course to address the identified needs of potential participants. Refer to “Requirements for ASHA CE Provider Approval” in Section 2 for information on planning the learning course.

3. Determine the learning outcomes of the course based on the identified needs of potential participants.

4. Choose the qualified individuals who will be involved in planning and conducting the course.

5. Document that each person planning and delivering the course has disclosed relevant financial and nonfinancial relationships.

6. Determine whether relevant financial or nonfinancial relationships will disqualify the individual from participation in course planning and/or delivery or if the conflicts may be resolved through disclosure.

7. Ensure that appropriate facilities are selected for the learning course.

8. Manage all financial and in-kind support given by other organizations that is used to fund the costs of the CE course and/or expenses for learners. See Required Practice 3.3.

9. Determine the resources and aids needed to accomplish the learning outcomes.

10. Establish the requirements that participants must meet to satisfactorily complete the course, including a method for documenting attendance and/or special forms to track attendance and achievement of learning outcomes. Determine how satisfactory completion requirements will be disclosed to participants before the course.
11. Decide how to assess participant learning outcomes.

12. Establish a method to conduct a program evaluation of the continuing education course.

13. Develop a time-ordered agenda for the continuing education course.

14. Produce promotional materials, according to CEB requirements, to advertise the continuing education course. Items that must be included in promotional materials are instructional personnel disclosure, financial and in-kind support disclosure (if applicable) and that the course is focused on a specific product or service (if applicable). See Requirement 3: Transparency in Course Planning, Delivery, and Marketing for details. The Provider’s brand block and ASHA CEU sentence are required on promotional materials. See “Requirements for Promoting ASHA Continuing Education Courses” in this section.

15. Complete and submit a course and offering registration and accompanying required materials so that the information is received in the ASHA CE Registry no fewer than 15 days before the starting date of the first course offering or 30 days for cooperative offerings. See “Instructions for Completing the course and offering registration” in this section.

16. Additional offerings can be added to the course using the course and offering registration. These additional offerings are assigned the next consecutive extension numbers (e.g., 004, 005) by ASHA CE. Additional offerings must be received no later than 3 days before the new offering's start date. An offering must start and end in the same calendar year.

17. Upon receipt of the Course and offering registration and accompanying materials, the ASHA CE Registry will:

   a) Review the course and offering registration and materials on behalf of the Continuing Education Board to ensure that they meet CEB requirements.

   b) Request additional information from the ASHA CE administrator if the course and offering registration is incomplete or does not meet the CEB requirements. If the information is not received in the ASHA CE Registry by the 15-day/30-day pre-course filing deadline, the ASHA CE administrator will then need to appeal to the CEB to accept the materials past the deadline.

   c) A course registration confirmation letter is posted to the course’s overview page.

18. The ASHA CE administrator should review the information in the course registration confirmation letter and report errors and corrections immediately to the ASHA CE Registry.

1. Immediately prior to offering the course, the ASHA CE Administrator should request instructional personnel to update their disclosure information. They should review this information to determine if any new relevant financial and nonfinancial
relationships have developed since initial disclosure. If new relationships have developed, the ASHA CE Administrator should determine if

a) relevant financial or nonfinancial relationships may be resolved through disclosure,

b) relevant financial or nonfinancial relationships disqualify the individual from participation in course planning and/or delivery (see Required Practice 3.2),

c) instructional personnel disclosure statements need to be updated.

**During the Course**

The ASHA CE administrator or instructor should:

1. Provide the following information about all instructional personnel:
   - The name of the instructional personnel;
   - Relevant financial relationship(s): Listing the name of the organization and the type of financial relationship; and/or
   - Relevant nonfinancial relationship(s): Listing the name of the organization and the type of nonfinancial relationship; or
   - No relevant financial or nonfinancial relationships exist.

2. Announce or provide written disclosure statements regarding satisfactory completion requirements.

3. Conduct the course according to the CEB requirements.

4. Maintain an attendance record of all participants.

5. Conduct the learning assessment procedures.

6. Conduct the program evaluation procedures.

7. Provide ASHA CEU Participant Forms to participants who satisfactorily meet completion requirements and who wish to document their participation with ASHA CEUs. See “Instructions for Completing the ASHA CEU Participant Form” in this section. Alternatively, collect participant information from those individuals who satisfactorily meet completion requirements and who wish to document their participation with ASHA CEUs.

8. Collect ASHA CEU Participant Forms from participants at the course’s conclusion.

**After the Course**

The ASHA CE administrator should:

1. Check ASHA CEU Participant Forms against attendance records.
2. Check ASHA CEU Participant Forms to make sure that each is completed correctly. See “Instructions for Completing the ASHA CEU Participant Form” in this section.

3. Fill in the Provider Use Only on the ASHA CEU Participant Forms, if appropriate, for participants who earned less than the maximum number of ASHA CEUs offered for the course. If partial credit could be earned for the course, fill in the Provider Use Only for only those who received less than the maximum number of ASHA CEUs. If all participants earned the maximum number of ASHA CEUs, leave all Provider Use Only boxes blank. The Provider Use Only has four spaces. If a participant earned .7 ASHA CEUs, fill in 0070 in the spaces. If a participant earned 2.65 ASHA CEUs, fill in 0265 in the spaces. Do not use decimals in the spaces.

4. Complete the Course Offering Report Form and sign it. The ASHA CE administrator's signature is required. The Course Offering Report Form is required even if no participants earned ASHA CEUs or if the course was canceled. See “Instructions for Completing the Course Offering Report Form” in this section.

5. Maintain copies of participants' names, attendance records, ASHA CEU credit, and other identifying information for 2 years. Some ASHA CE administrators photocopy the ASHA CEU Participant Forms before mailing them. In the event the forms are lost in the mail, they must be reconstructed by the Provider. Do not send copies of ASHA CEU Participant Forms or Course Offering Report Forms to the ASHA CE Registry. Only original forms will be accepted.

6. Send ASHA CEU Participant Forms and the Course Offering Report Form to the ASHA CE Registry so that they are received no later than 45 days after the completion date of the course. Fax toll-free to 866-271-3040 or mail materials in a large flat envelope, marked "Do Not Bend or Fold." Mail to ASHA Continuing Education Registry, American Speech-Language-Hearing Association, 2200 Research Blvd #340, Rockville, MD 20850. Even if no participants earned ASHA CEUs, the Course Offering Report Form must be received no later than 45 days after the course's completion date.

7. Alternatively, submit the reporting information and participant information electronically. Details on electronic reporting are found at www.asha.org

Upon receipt of the Course Offering Report Form and ASHA CEU Participant Forms (if applicable), the ASHA CE Registry will:

1. Review the Course Offering Report Form on behalf of the CEB and contact the ASHA CE administrator if additional information is needed.

2. Process the course and enter ASHA CEUs on the participants' ASHA CE Registry transcripts. The information on the first page of the course and offering registration (filed earlier) will be entered on each participant's ASHA CE Registry transcript.
3. Bill participants who have not paid the annual ASHA CE Registry fee but are eligible to earn ASHA CEUs. To earn ASHA CEUs and have the ASHA CEUs and course information entered and retained permanently on the ASHA CE Registry, the participant must have paid the annual ASHA CE Registry fee for the year in which the course was completed. The ASHA CE Registry will bill the participant for the fee and hold the ASHA CEU credit until the fee is paid. The Provider is not responsible for collecting ASHA CE Registry fees. The participant should contact ASHA CE staff for ASHA CE Registry annual fee subscription information.

4. Send the ASHA CE administrator a course roster.

Upon receipt of the course roster, the ASHA CE administrator should:

1. Review the course roster. It includes the names of, and ASHA CEU credit for, participants who earned ASHA CEUs for the course. This part of the document should be checked immediately against the Provider’s records.

2. Notify the ASHA CE Registry if a) the ASHA CE Registry made an error in the amount of credit a participant should have received or (b) the ASHA CE Registry omitted the name and credit of a participant for whom the Provider submitted an ASHA CEU Participant Form. It is incumbent upon the ASHA CE administrator to verify the accuracy of the course roster and to notify the ASHA CE Registry immediately of any corrections.
Requirements for Providers That Conduct Cooperative CE Offerings

A cooperative course/offering(s) is when an ASHA Approved CE Provider joins with an organization or entity that is not an ASHA Approved CE Provider to plan, deliver, and evaluate a continuing education course/offering(s) for ASHA continuing education units (CEUs), and a fee is incurred. The ASHA Continuing Education Board (CEB) considers a course/offering(s) cooperative if another party or entity is not part of the organization that has been approved as the ASHA Approved CE Provider, as detailed in the application to become an ASHA Approved CE Provider.

An ASHA Approved CE Provider who agrees to conduct a cooperative CE offering must ensure that the non-Provider entity adheres to the 12 CEB requirements (described in the Section 2, “Requirements for ASHA CE Provider Approval”) when planning, promoting, implementing, evaluating, and reporting the course. Non-Providers must adhere to the guidelines and required practices of each requirement, as well as to the additional requirements and procedures described in this manual.

Conducting a cooperative offering with an organization outside the group or organization approved as the ASHA Approved CE Provider is optional. Some ASHA Approved CE Providers do not conduct cooperative CE offerings. Others conduct only a select number of cooperative offerings per year. Once an agreement is made to conduct a cooperative CE offering with another entity, it is the responsibility of the ASHA CE administrator to see that all CEB requirements are met. If the non-Provider fails to meet CEB requirements, the ASHA Approved CE Provider is responsible for the consequences. ASHA Approved CE Providers should not allow the cooperative offering process to jeopardize ASHA Approved CE Provider status. The ASHA CE administrator must be thoroughly satisfied that the course meets CEB requirements before agreeing to accept cooperative offering responsibilities. The CEB therefore recommends that the ASHA Approved CE Provider obtain all the necessary information from the non-Provider entity before providing the Brand Block and the verbiage for the required ASHA CEU sentence. The Course and offering registration must include information about the cooperative party and a nonrefundable co-op fee for each offering in order to be registered by the ASHA CE Registry. The ASHA Approved CE Provider, not ASHA CE staff, is responsible for this fee and its collection from the non-Provider.

The CEB reserves the right to revoke a Provider’s ability to conduct cooperative CE offerings because of repeated demonstration of noncompliance with CEB requirements. The CEB also may revoke a non-Provider’s cooperative offering privilege if it has a history of noncompliance with CEB requirements.

The ASHA Approved CE Provider who conducts a cooperative offering with an entity that is not an ASHA Approved CE Provider must be significantly and directly involved in the planning, promotion, implementation, and evaluation of the cooperative offering. Frequent contact during the planning of the course is required. The contact may be on-site or through telephone calls and correspondence. ASHA Approved CE Providers are urged to establish their own time lines, procedures, and agreements for conducting cooperative offerings that will allow them to comfortably meet the CEB requirements. ASHA Approved CE Providers may charge an
administrative fee (in addition to the co-op fee that is submitted to ASHA) to conduct a cooperative CE offering with another party.

The ASHA Approved CE Provider and the ASHA CE administrator for the Approved CE Provider are responsible for ensuring that cooperative offerings meet CEB requirements. The Approved Provider’s CE administrator is responsible for all contact with the ASHA Continuing Education Board, the ASHA CE Registry, and ASHA CE staff relative to the cooperative offering course.

Requirements for Providers That Conduct Cooperative CE Offerings with Non-Providers

The following requirements should be used by the ASHA Approved CE Provider when conducting a cooperative offering with a non-Provider:

- The ASHA CE administrator or a designated staff representative must have direct significant involvement in the planning, conduct, and evaluation of all cooperative CE offerings. This involvement includes holding a joint planning meeting with the non-Provider. Conference telephone calls may be used for planning meetings. To the extent possible, the joint planning meeting should include the principal planners and instructors, as well as representatives of the target audience. Joint planning meetings must be held sufficiently in advance of the continuing education course so that plans for developing and implementing the course can be mutually agreed upon. The ASHA Approved CE Provider and the other party should hold an additional planning meeting if the content or format of the course is changed significantly. Ongoing cooperative offerings should include planning meetings at least annually.

- The ASHA CE administrator and the cooperative party must pay particular attention to elements in Requirement 3 to ensure transparency in course planning, delivery and marketing.

- The ASHA CE administrator (not a representative of the non-Provider) must complete the course and offering registration and include information about the cooperative party and collect the co-op fee from the non-Provider. The co-op fee must accompany the course and offering registration that is due in the ASHA CE Registry no fewer than 30 days before the starting date of the first course offering. The ASHA Approved CE Provider should either (a) collect the co-op fee and then write a check or make a credit card payment to the ASHA CE Registry, or (b) obtain the co-op fee in the form of a check, made payable to the ASHA CE Registry, from the non-Provider. The check should note the Provider code and assigned Course and Offering number (if applicable) for the course so that it can be tracked and appropriately credited by ASHA CE staff.

- The ASHA CE administrator submits the course and offering registration, accompanying materials, and the co-op fee so that it is received by the ASHA CE Registry no fewer than 30 days before the start date of the first course offering. Course and offering registrations for cooperative offerings that arrive at the ASHA
CE Registry without the co-op fee will not be registered and may require an appeal.

- All promotional materials for cooperative CE offerings must identify the ASHA Approved CE Provider and include the Brand Block and the required ASHA CEU sentence that identifies the number of ASHA CEUs being offered, the content area and instructional level. The ASHA Approved CE Provider's name, not the organization with whom the Provider is conducting the cooperative offering, appears in the Brand Block. See “Requirements for Promoting ASHA Continuing Education Courses” in this section.

- A Course Offering Report Form and ASHA CEU Participant Forms must be submitted to the ASHA CE Registry by the ASHA CE administrator so that they arrive in the ASHA CE Registry no more than 45 days after the completion date of the course. Even if there are no participants who earned ASHA CEUs or if the course was canceled, the Course Offering Report Form is required and must be received in the ASHA CE Registry no more than 45 days after the course's completion date.

- If two or more ASHA Approved CE Providers jointly offer continuing education courses, the administrative responsibility for compliance with the CEB requirements shall be held by only one of the Providers. No co-op fee is required if both organizations are ASHA Approved CE Providers.

- Providers that conduct cooperative CE offerings with other units or departments within the same institution/organization may be liable for a co-op fee if those units were not described in the original application for CE Provider approval as part of the organization seeking Approved CE Provider status. The CEB reserves the right to ask for clarification or documentation of a non-Provider’s organizational relationship and a group's eligibility to conduct a cooperative CE offering without incurring the co-op fee.

- The ASHA CE administrator should be the one to contact ASHA CE staff with any questions regarding a cooperative offering. Representatives of the non-Provider who contact ASHA CE staff with questions or to request forms will be directed to the ASHA CE administrator of the Provider with whom they are conducting the cooperative offering. This one-person contact policy should be conveyed by the ASHA CE administrator to the appropriate representatives of the non-Provider.

General Procedures for Planning and Reporting Cooperative CE Offerings

The ASHA CE administrator should follow these administrative procedures to plan, promote, report, and conduct a cooperative CE offering for ASHA CEUs.

Before the Course

The ASHA CE administrator and the representative(s) of the non-Provider should:

2. Identify the needs of a potential target audience.
3. Decide to conduct a continuing education course to address the identified needs of potential participants. Refer to “Requirements for ASHA CE Provider Approval” in Section 2 for information on planning the learning course.

4. Determine the learning outcomes of the course based on the identified needs of potential participants.

5. Choose the qualified individuals who will be involved in planning and conducting the course.

6. Document that each person planning and delivering the course has disclosed relevant financial and nonfinancial relationships.

7. Determine whether relevant financial or nonfinancial relationships will disqualify the individual from participation in course planning and/or delivery or if the conflicts may be resolved through disclosure.

8. Ensure that appropriate facilities are selected for the learning course.

9. Manage all financial and in-kind support given by other organizations that is used to fund the costs of the CE course and/or expenses for learners. See Required Practice 3.3.

10. Determine the resources and aids needed to accomplish the learning outcomes.

11. Establish the requirements that participants must meet to satisfactorily complete the learning course, including a method for documenting attendance and/or special forms to track attendance or achievement of learning outcomes. Determine how satisfactory completion requirements will be disclosed to participants before the course.

12. Decide how to assess participant learning outcomes.

13. Establish a method to conduct a program evaluation of the continuing education course.

14. Develop a time-ordered agenda for the continuing education course.

15. Produce promotional materials, according to CEB requirements, to advertise the continuing education course. Items that must be included in promotional materials are instructional personnel disclosure, financial and in-kind support disclosure (if applicable) and that the course is focused on a specific product or service (if applicable). See Requirement 3: Transparency in Course Planning, Delivery, and Marketing for details. The Provider’s brand block and ASHA CEU sentence are required on promotional materials. See “Requirements for Promoting ASHA Continuing Education Courses” in this section.

16. Complete and submit the course and offering registration, accompanying required materials and the nonrefundable co-op fee so that the information is received in the ASHA CE Registry no fewer than 30 days before the starting date of the first course offering.
17. Additional offerings can be added to the course using the course and offering registration. These additional offerings are assigned the next consecutive extension numbers (e.g., 004, 005) by ASHA CE. Additional offerings must be received no later than 3 days before the new offering’s start date. An offering must start and end in the same calendar year.

18. Provide the ASHA CEU Participant Forms to the non-Provider or to the representative from the ASHA Approved CE Provider who will be monitoring and assisting with the cooperative offering.

19. Upon receipt of the Course and offering registration and accompanying materials, the ASHA CE Registry will:
   
   d) Review the course and offering registration and materials on behalf of the Continuing Education Board to ensure that they meet CEB requirements.
   
   e) Request additional information from the ASHA CE administrator if the course and offering registration is incomplete or does not meet the CEB requirements. If the information is not received in the ASHA CE Registry by the 30-day pre-course filing deadline, the ASHA CE administrator will then need to appeal to the CEB to accept the materials past the deadline.
   
   f) A course registration confirmation letter is posted to the course’s overview page.

20. The ASHA CE administrator should review the information in the course registration confirmation letter and report errors and corrections immediately to the ASHA CE Registry.

19. Immediately prior to offering the course, the ASHA CE Administrator should request instructional personnel to update their disclosure information. They should review this information to determine if any new relevant financial and nonfinancial relationships have developed since initial disclosure. If new relationships have developed, the ASHA CE Administrator should determine if

   d) relevant financial or nonfinancial relationships may be resolved through disclosure,
   
   e) relevant financial or nonfinancial relationships disqualify the individual from participation in course planning and/or delivery (see Required Practice 3.2),
   
   f) instructional personnel disclosure statements need to be updated.

**During the Course**

The ASHA CE administrator or instructor should:

1. Provide the following information about all instructional personnel:
• The name of the instructional personnel;
• Relevant financial relationship(s): Listing the name of the organization and the type of financial relationship; and/or
• Relevant nonfinancial relationship(s): Listing the name of the organization and the type of nonfinancial relationship; or
• No relevant financial or nonfinancial relationships exist.

2. An announcement is made or written disclosure statements are provided regarding satisfactory completion requirements.

3. The course is conducted according to the CEB requirements.

4. An attendance record is maintained for all participants.

5. The learning assessment procedures are conducted.

6. The program evaluation procedures are conducted.

7. The ASHA CEU Participant Forms are provided to participants who satisfactorily meet completion requirements and who wish to document their participation with ASHA CEUs. See “Instructions for Completing the ASHA CEU Participant Form” in this section. Alternatively, collect participant information from those individuals who satisfactorily meet completion requirements and who wish to document their participation with ASHA CEUs.

8. ASHA CEU Participant Forms are collected from participants immediately after the course.

9. If the ASHA CE administrator is not at the course, the ASHA CEU Participant Forms and attendance records are forwarded to the ASHA CE administrator immediately upon completion of the course.

**After the Course**

The ASHA CE administrator should:

1. Check ASHA CEU Participant Forms against attendance records.

2. Check ASHA CEU Participant Forms to make sure that each is completed correctly. See “Instructions for Completing the ASHA CEU Participant Form” in this section.

3. Fill in the Provider Use Only area on the ASHA CEU Participant Forms, if appropriate, for participants who earned less than the maximum number of ASHA CEUs offered for the course. If partial credit could be earned for the course, fill in the Provider Use Only for only those who received less than the maximum number of ASHA CEUs. If all participants earned the maximum number of ASHA CEUs, leave all Provider Use Only boxes blank. The Provider Use Only has four spaces. If a participant earned .7 ASHA CEUs, fill in 0070 in the spaces. If a participant
earned 2.65 ASHA CEUs, fill in 0265 in the spaces. Do not use decimals in the spaces.

4. Complete the Course Offering Report Form and sign it. The ASHA CE administrator’s is required. The ASHA CE administrator may need to communicate with the non-Provider to determine certain information for the Course Offering Report Form. The Course Offering Report Form is required, even if no participants earned ASHA CEUs or if the course was canceled. See “Instructions for Completing the Course Offering Report Form” in this section.

5. Maintain copies of participants’ names, attendance records, ASHA CEU credit, and other identifying information for a period of 2 years. Some ASHA CE administrators photocopy the ASHA CEU Participant Forms before mailing them. In the event the forms are lost in the mail, they must be reconstructed by the Provider. Do not send copies of ASHA CEU Participant Forms or Course Offering Report Forms to the ASHA CE Registry. Only original forms will be accepted.

6. Send ASHA CEU Participant Forms and the Course Offering Report Form to the ASHA CE Registry so that they are received no more than 45 days after the completion date of the course Fax toll-free to 866-271-3040 or mail materials in a large flat envelope, marked "Do Not Bend or Fold." Mail to ASHA Continuing Education Registry, American Speech-Language-Hearing Association, 2200 Research Blvd #340, Rockville, MD 20850. Even if no participants earned ASHA CEUs or the course was canceled, the Course Offering Report Form must be received by the ASHA CE Registry no more than 45 days after the course’s completion date.

7. Alternatively, submit the reporting information and participant information electronically. Details on electronic reporting are found at www.asha.org

Upon receipt of the Course Offering Report Form and ASHA CEU Participant Forms (if applicable), the ASHA CE Registry will:

1. Review the Course Offering Report Form on behalf of the CEB and contact the ASHA CE administrator if additional information is needed.

2. Process the course and enter ASHA CEUs on the participants’ ASHA CE Registry transcript. The information on the first page of the Course and offering registration (filed earlier) will be entered on each participant's ASHA CE Registry transcript.

3. Bill participants who have not paid the annual ASHA CE Registry fee. To earn ASHA CEUs and have the ASHA CEUs and course information entered and retained permanently on the ASHA CE Registry, the participant must have paid the annual ASHA CE Registry fee for the year in which the course was completed. The ASHA CE Registry will bill the participant for the fee and hold the ASHA CEU credit until the fee is paid. The Provider is not responsible for collecting ASHA CE Registry fees. The participant should contact ASHA CE staff for ASHA CE Registry annual fee subscription information.
4. Send the ASHA CE administrator a course roster.

After receipt of the course roster, the ASHA CE administrator should:

1. Review the course roster. It includes the names of, and ASHA CEU credit for, participants who earned ASHA CEUs for the course. This part of the document should be checked immediately against the Provider’s records of the cooperative offering.

2. Notify the ASHA CE Registry if a) the ASHA CE Registry made an error in the amount of credit a participant should have received or (b) the ASHA CE Registry omitted the name and credit of a participant for whom the Provider submitted an ASHA CEU Participant Form. It is incumbent upon the ASHA CE administrator to verify the accuracy of the course roster and to notify the ASHA CE Registry immediately of any corrections.
Requirements for Providers That Offer Self-Study (i.e., Individual Learning Experiences) Courses

Self-study materials (i.e., self-paced courses such as journals, newsletters, computer programs, videotapes, audiotapes, etc.) are considered Provider-initiated courses. Providers considering developing self-study materials to be offered for ASHA CEUs are advised to contact their respective CE Provider Manager early in the development stage for recommendations and instructions specific to the materials they are developing. Providers that offer self-study materials should be aware of the following requirements:

• The ASHA Approved CE Provider that offers self-study materials for ASHA CEUs must adhere to the same requirements and procedures used to plan, market, deliver, and evaluate other types of Provider-initiated courses, such as workshops and conferences. For example, Providers must include the required ASHA Approved CE Provider Brand Block and required ASHA CEU sentence in any self-study materials offered for ASHA CEUs as well as in any marketing or promotion of the materials. Instructor disclosure, learner assessment and program evaluation components must also be included with the materials. Additional items that must be included in the self-study materials are instructional personnel disclosure, financial and in-kind support disclosure (if applicable) and that the course is focused on a specific product or service (if applicable). See Requirement 3: Transparency in Course Planning, Delivery, and Marketing for details.

• The self-study is valid for 5 years from the date of the first registered course offering. Providers must have a method for assigning ASHA CEUs to the self-study materials. To determine how many ASHA CEUs may be offered for self-study materials, refer to “Calculating ASHA CEUs” and “Requirements for Providers That Offer Self Study Courses” in this section.

• The Provider must disclose the following in course promotional materials as well as in the self-study materials:
  • Instructional personnel disclosure to include:
    • The name of the author(s) and/or instructional personnel; and
    • Relevant financial relationship(s): Listing the name of the organization and the type of financial relationship; and/or
    • Relevant nonfinancial relationship(s): Listing the name of the organization and the type of nonfinancial relationship; or
    • No relevant financial or nonfinancial relationships exist
    • Financial and in-kind support disclosure (if applicable); and
    • That the course is focused on a specific product or service (if applicable).

This information must be made available to the participants before the self-study course begins and must be conveyed through promotional materials, written handout, or announcement by the instructor, ASHA CE administrator, publisher or editor, or person introducing the instructor, depending on the format of the self-study. The format used for disclosure will vary depending on the format of the self-study
material. For example, with webinars, the disclosure could be made in the form of an announcement at the beginning of the webinars. If there is accompanying print material, include the disclosures in the print material. With periodicals, the disclosure can be made at the beginning of the article where authors are listed or at the end of the article in the acknowledgments section.

- The Provider should be sure that there are clear instructions for participants to follow regarding satisfactory completion requirements, ASHA CE paperwork, and filing deadlines. See Appendix M for sample instructions to be used in self-study materials.

- The Provider should consider whether reporting participants monthly, bimonthly, quarterly, semi-annually, or annually accommodates the ASHA CEU documentation needs of the ASHA CE participants while being administratively manageable by the ASHA Approved CE Provider.

The Provider that offers self-study materials for ASHA CEUs is encouraged to have the product peer reviewed prior to release and periodically throughout the life of the product. Independent means the reviewer had no role in developing the materials, and has no proprietary interest in the materials or the organization offering the materials as self-study products.

The purpose of the peer reviews is to:

- offer the Provider feedback to improve the materials before publication, and

- review course content for quality, currency, and effectiveness in assisting learners achieve learning outcomes.

For non-periodical enduring materials, a typical peer review process might include two independent reviews of materials that address form, content, and appropriateness for use as an educational course.

For periodical enduring materials, a typical peer review process is a standing editorial review board.

**General Procedures for Planning and Reporting Self-Study Courses**

The ASHA CE administrator should follow these administrative procedures to plan, promote, report, distribute, and evaluate a self-study course for ASHA CEUs.

**Before the Self-Study Course**

The ASHA CE administrator should:

1. Identify the needs of a potential target audience.

2. Decide to conduct a continuing education course to address the identified needs of potential participants. Refer to “Requirements for ASHA CE Provider Approval” in Section 2 for information on planning a course.
3. Determine the learning outcomes of the course on the basis of the identified needs of potential participants.

4. Ensure that a self-study format is appropriate for achieving the desired learning outcomes.

5. Choose the qualified individuals who will be involved in planning, developing, writing, and/or presenting the self-study course.

6. Document that each person planning and delivering the course has disclosed relevant financial and nonfinancial relationships.

7. Determine whether relevant financial or nonfinancial relationships will disqualify the individual from participation in course planning and/or delivery or if the conflicts may be resolved through disclosure.

8. Ensure that appropriate facilities are selected for the learning course.

9. Manage all financial and in-kind support given by other organizations that is used to fund the costs of the CE course and/or expenses for learners. See Required Practice 3.3.

10. Determine the resources and aids needed to accomplish the learning outcomes. For example, if the self-study is presented in an audiotape format, determine whether there will be accompanying written or visual resource materials.

11. Establish the requirements that participants must meet to satisfactorily complete the self-study learning course (e.g., they must complete a project, achieve a score of 90% on a learning assessment) and determine how these requirements will be disclosed to participants.

12. Establish a method to determine how ASHA CEUs will be calculated and offered for successful completion of the self-study.


14. Establish a method to conduct a program evaluation of the self-study continuing education course.

15. Develop a time-ordered agenda (e.g., audiotaped and videotaped presentations) or a storyboard or outline (e.g., journals, newsletters, computer programs) for the self-study course.

16. Determine how long the self-study materials will be offered for ASHA CEUs, how the materials will be registered (e.g., monthly, once per year) with the ASHA CE Registry, and how ASHA CEU Participant Forms will be used to submit participants' ASHA CEUs. Providers developing self-study materials are advised to contact their respective CE Provider Manager early in the product development stage to discuss logistics and options for registering self-study materials for ASHA CEUs and for eliciting ASHA CEU Participant Form information.
17. Develop a final draft of the self-study materials, including the learner assessment and program evaluation forms.

18. Produce promotional materials, according to CEB requirements, to advertise the self-study course. Items that must be included in promotional materials are instructional personnel disclosure, financial and in-kind support disclosure (if applicable) and that the course is focused on a specific product or service (if applicable). Requirement 3: Transparency in Course Planning, Delivery, and Marketing for details. The Provider’s brand block and ASHA CEU sentence are required on promotional materials. See Requirements for Promoting ASHA Continuing Education Courses in this section.

19. Complete and submit the course and offering registration and accompanying required materials, so that the information is received in the ASHA CE Registry no fewer than 15 days before the first offering date of the course.

**Self-Study Course Registration Considerations**

The ASHA CE administrator must consider the following factors when registering a self-study course:

- **Length of course availability:** Self-study materials may be offered for ASHA CEUs for 5 years from the date of the first registered offering.

- **Frequency of reporting:** When deciding whether to file the offerings of a course monthly, bi-monthly, quarterly, semi-annually, or annually, the ASHA CE administrator should consider how best to accommodate the ASHA CEU documentation needs of the ASHA CE participants while preserving the administrative manageability of the Provider. The ASHA CEU’s are awarded to participants based on the end of the offering.

- **Instructions to participants:** Instructions to participants in self-study courses must clearly explain the satisfactory completion requirements, paperwork submission deadlines and when they can expect the credit to appear on the ASHA CE Registry record. ASHA CE administrators should contact their respective CE Provider Manager for suggestions and sample verbiage.

20. Upon receipt of the course and offering registration and accompanying materials, the ASHA CE staff will:

   a) Review the course and offering registration and self-study materials on behalf of the Continuing Education Board to ensure that they meet CEB requirements.

   b) Request additional information from the ASHA CE administrator if the course and offering registration, self-study materials is incomplete or does not meet the CEB requirements.

   c) Issue a course registration confirmation letter to the ASHA CE administrator that includes 5 years the course is valid and can be offered for ASHA CEUs. The ASHA CE administrator should review the information in the course.
registration confirmation letter and report errors and corrections immediately to the ASHA CE Registry.

20. Immediately prior to offering the course, the ASHA CE Administrator should request instructional personnel to update their disclosure information. They should review this information to determine if any new relevant financial and nonfinancial relationships have developed since initial disclosure. If new relationships have developed, the ASHA CE Administrator should determine if

g) relevant financial or nonfinancial relationships may be resolved through disclosure,

h) relevant financial or nonfinancial relationships disqualify the individual from participation in course planning and/or delivery (see Required Practice 3.2),

i) instructional personnel disclosure statements need to be updated.

After the Self-Study Course

The ASHA CE administrator should:

1. Receive participants' learner assessment and program evaluation materials within the pre-established deadlines.

2. Ensure that the learning assessment is completed and meets the requirements for satisfactory completion of the self-study.

3. Ensure that the program evaluation is completed.

4. Ensure that a ASHA CEU Participant Form is completed for each participant who has met the requirements to earn ASHA CEUs. Alternatively, collect participant information from those individuals who satisfactorily meet completion requirements to qualify to earn ASHA CEUs and who wish to document their participation with ASHA CEUs

5. Check ASHA CEU Participant Forms to make sure that each is completed correctly. See “Instructions for Completing the ASHA CEU Participant Form” in this section.

6. Complete the Course Offering Report Form and sign it. The Course Offering Report Form is required even if no participants earned ASHA CEUs during the reporting period. See “Instructions for Completing the Course Offering Report Form” in this section.

7. Maintain copies of participants' names, assessment scores, ASHA CEU credit, and other identifying information for a period of 2 years. Some ASHA CE administrators photocopy the ASHA CEU Participant Forms before mailing them. In the event the forms are lost in the mail, they must be reconstructed by the Provider. Do not send copies of ASHA CEU Participant Forms or Course Offering Report Forms to the ASHA CE Registry. Only original forms will be accepted.
8. Send ASHA CEU Participant Forms and the Course Offering Report Form to the ASHA CE Registry so that they are received no more than 45 days after the completion date of the course. Fax materials toll-free to 866-271-3040 or mail materials in a large flat envelope marked "Do Not Bend or Fold." Mail to ASHA Continuing Education Registry, American Speech-Language-Hearing Association, 2200 Research Blvd #340, Rockville, MD 20850. Even if no participants earned ASHA CEUs, the Course Offering Report Form must be received no more than 45 days after the course's completion date.

9. Alternatively, submit the reporting information and participant information electronically. Details on electronic reporting are found at www.asha.org.

Upon receipt of the Course Offering Report Form and ASHA CEU Participant Forms (if applicable), the ASHA CE Registry will:

1. Review the Course Offering Report Form on behalf of the CEB and contact the ASHA CE administrator if additional information is needed.

2. Process the course and enter ASHA CEUs on the participants' ASHA CE Registry transcripts.

3. Bill participants who have not paid the annual ASHA CE Registry fee. To earn ASHA CEUs and have the ASHA CEUs and course information entered and retained permanently on the ASHA CE Registry, the participant must be eligible to earn ASHA CEUs and have paid the annual ASHA CE Registry fee for the year in which the course was completed. The ASHA CE Registry will bill the participant for the fee and hold the ASHA CEU credit until the fee is paid. The Provider is not responsible for collecting ASHA CE Registry fees. The participant should contact ASHA CE staff for ASHA CE Registry annual fee subscription information.

4. Send the ASHA CE administrator a course roster.

After receipt of the course roster, the ASHA CE administrator should:

1. Review the course roster. It includes the names of, and ASHA CEU credit for, participants who earned ASHA CEUs for the course. This part of the document should be checked immediately against the Provider’s records.

2. Notify the ASHA CE Registry if a) the ASHA CE Registry made an error in the amount of credit a participant should have received or (b) the ASHA CE Registry omitted the name and credit of a participant for whom the Provider submitted a ASHA CEU Participant Form. It is incumbent upon the ASHA CE administrator to verify the accuracy of the course roster and to notify the ASHA CE Registry immediately of any corrections.
Courses with Alternative Educational Delivery Methods

The ASHA Continuing Education Board (CEB) recognizes the growing trend of delivering all or part of a course’s instruction outside the traditional speaker-led, classroom setting. Examples of such alternative educational delivery methods include:

- self-study: journals, newsletters, videotapes, audiotapes, computer packages, web-based;
- group courses: field experiences, laboratory assignments, assigned work outside the classroom or course, web-based events;
- other evolving delivery mechanisms;
- independent study.

In these types of delivery formats, the amount of time required for the completion of courses varies from one learner to another.

Calculating ASHA CEUs for Alternative Educational Delivery Methods

When submitting courses for which the method of educational delivery does not lend itself to easy translation of 1.0 CEU for 10 contact hours, ASHA CE offers alternate methods for calculating ASHA CEUs for example conducting a pilot study and/or using a standardize word count formula.

Providers that conduct a pilot study of the course need a minimum of 10 participants who are representative of the course’s target audience. Once the pilot study is completed, the Provider is expected to review the pilot study data carefully. The Provider then submits the course and the pilot study data using the Pilot Study Report form along with the Course and offering registration and all required attachments. (See “Procedures for Planning CE Courses with Alternative Educational Delivery Mechanisms” and “Instructions for Completing the Pilot Study Report.”)

The CEB reserves the right to evaluate the appropriateness of the course for ASHA CEUs and to determine the actual number of ASHA CEUs offered.

Conducting Courses with Alternative Educational Delivery Mechanisms

Providers use an array of mechanisms for delivering continuing education courses. The CEB has established requirements and procedures to assist Providers using alternative educational delivery mechanisms in maintaining the standards upon which the ASHA CEU is based.

The requirements that follow apply to courses (e.g., manuals, journals, field experience, assigned work outside of the classroom, e-learning, etc.) where the delivery method is different from the traditional classroom setting. Providers must adhere to the 12 CEB Requirements (see “Requirements for ASHA CE Provider Approval” in section 2) when planning, promoting, implementing, evaluating, and reporting on courses with alternative educational delivery mechanisms.
Procedures for Planning CE Courses with Alternative Educational Delivery Mechanisms

In addition to the “General Procedures for Planning and Reporting Provider-Planned CE Courses,” the ASHA CE administrator should use the following administrative procedures to plan, promote, conduct, and report on courses with alternative educational delivery mechanisms for ASHA CEUs.

Prior to registering the course for ASHA CEUs:

- Conduct a pilot study with at least 10 participants who are drawn from the product/course’s intended target audience. Be sure to:
  - Explain the purpose of the pilot (i.e., to establish the typical amount of time it takes a learner to complete the course) to each participant. Provide each pilot participant with the complete CE product (be sure to include learner assessment and program evaluation) and a tool to record their time.
  - Establish a date by which the pilot participants should complete the CE product and submit their time log.
  - Have the pilot study participants track, in minutes, the time required to complete each element of the product/course where an alternative educational delivery mechanism is employed (e.g., reading, case study, field experience, asynchronous discussion, research, assessment of learning, program evaluation, etc.). (See “Sample Participant Time Log” found on Provider only web site.)

- Complete the Pilot Study Report form (found on Provider CE web site). In this report, the Provider explains the pilot study’s methodology, provides raw data, and explains the study’s analysis and ASHA CEU calculation. (See “Instructions for Completing the Pilot Study Report.”)
  - For periodicals Only—Establish a formula for periodical CE products (e.g., journals, newsletters) based on word count, learner assessment and course evaluation completion times from the initial pilot study. (See “Table II: Periodical Enduring Materials Formula.”)
  - Apply the formula to subsequent issues of the periodical (assuming no substantive changes in delivery, format, or content of the product). The rationale for ASHA CEUs offered must be provided when registering any subsequent issue of the periodical. (See “Instructions for Completing the Pilot Study Report/Table III: Future Journal/Newsletter ASHA CEU Calculation.”)
Registering the course for ASHA CEUs:

1. Submit the Pilot Study Report along with the course and offering registration and required attachments no less than 15 days prior to your intended start date.

2. Conduct a new pilot study if there are any substantive changes to the delivery, format, or content of the CE product/course.
Other Requirements Related to Planning and Conducting CE Courses

Requirements for Writing Course Descriptions
A key element of the Course and offering registration is the course description. This description should include the key learning outcomes or key elements of the course. Because the description will appear on participants' transcripts after the course is completed, the description should be written in the past tense. Also, person-first language should be used in the course description and title (e.g., children with hearing impairments vs. hearing impaired children). The description is limited to 400 total characters, including letters, numbers, spaces, and punctuation marks. Course descriptions are used by licensing agencies and employers to determine if courses meet certain requirements for license renewal or employee advancement.

It is very important that course descriptions be clear, concise, and professional-sounding, and that they describe what the participant learned in the course. It is helpful to refer to the learning outcomes established for the course when constructing a course description.

Sample Course Title and Description
"Discourse Abilities of Students with Learning Disabilities"

Seminar focused on evaluation of conversational and narrative discourse abilities of school-age children with learning disabilities. Figurative language, learning performance, and the clinical effects of discourse problems were discussed.

Person-First Language
ASHA and the CEB encourage the use of person-first and other language that reflects sensitivity to people with disabilities. Disabilities are not the person and should not define the person. For example:

<table>
<thead>
<tr>
<th>Use</th>
<th>Avoid</th>
</tr>
</thead>
<tbody>
<tr>
<td>children with cleft palate</td>
<td>cleft palate children</td>
</tr>
<tr>
<td>person who stutters</td>
<td>stutterers</td>
</tr>
<tr>
<td>the lawyer who has dyslexia</td>
<td>the dyslexic lawyer</td>
</tr>
<tr>
<td>the adult who has aphasia</td>
<td>the aphasis</td>
</tr>
</tbody>
</table>

One exception to the person-first rule is in reference to the Deaf community and Deaf culture. The community of persons who are deaf prefers to use deaf with a capital "D" to denote the Deaf culture and the Deaf community, not the hearing loss. As a general rule, follow the preferences of a disability group, even if it violates the person-first principle.
In addition to using person-first language, Providers should be sensitive to the use of the words disability and handicap and use them correctly. People have disabilities, not handicaps. Handicaps are social or environmental obstacles imposed by society on those with disabilities. The words disability, disorder, and impairment can be synonymous. Disability does not equal inability or handicap. Refer to “The Language Used to Describe Individuals with Disabilities” in Appendix L for additional information.

Requirements for Instructional Personnel Disclosure

The Continuing Education Board requires its Providers to have a written process in place to 1) identify relevant conflicts of interest, 2) determine if the existence of those conflicts of interest disqualifies an individual from being involved in the course planning and delivery, and 3) disclose conflicts of interest to learners. Instructional personnel disclosure information must be made available to the participants prior to the course through promotional materials and before the course conveyed through written handout and/or announcement by the instructor, ASHA CE administrator, or person introducing the instructor.

The following information must be disclosed to learners:

- The name of the instructional personnel;
- Relevant financial relationship(s): Listing the name of the organization and the type of financial relationship; or
- Relevant nonfinancial relationship(s): Listing the name of the organization and the type of nonfinancial relationship; or
- No relevant financial or nonfinancial relationships exist.

Sample Instructional Personnel Disclosure Statements

*Disclosure in promotional materials*

**Relevant financial relationship(s)**

Dr. Wadelmann; Cognitive Rehabilitation After Traumatic Brain Injury,
Employed by University of Malibu Health Science Center
**Disclosure:** Author for ABC SLP Publishers and receives royalty payments.

**Relevant nonfinancial relationship(s)**

Mr. Ken Johanson; “Comparison of Augmentative Communication Devices.”
Employed by Speech and Hearing Clinic of Greater Baltimore.
**Disclosure:** Board of directors: Talking Boxes Company. Receives no compensation as member of board of directors.
No relevant relationship(s) to disclose

James Booker; “Social Media and Continuing Education.”
Employed by Hearing Health Education.
**Disclosures:** No relevant financial or nonfinancial relationships to disclose.

Disclosing relationship(s) at the start of a course

**Relevant financial relationship(s)**

Spoken announcement (could be accompanied by slide)

Good morning, my name is Dr. Wadelmann, and I am here to discuss cognitive rehabilitation after traumatic brain injury. I am the author of the text “Management of Closed Head Injury” and of the Assessment of Language Skills in Head-Injured Patients test published by ABC SLP Publishers. Many of the concepts I’m presenting today are from my book and test. I do benefit financially from royalty payments from the sale of these products.

Written announcement (in handouts or course materials)

Dr. Wadelmann; Cognitive Rehabilitation After Traumatic Brain Injury,
Employed by University of Malibu Health Science Center
**Disclosure:** Author for ABC SLP Publishers and receives royalty payments.

**Relevant nonfinancial relationship(s)**

Spoken announcement (could be accompanied by slide)

Hello, I’m Ken Johanson. My presentation compares augmentative communication devices currently on the market. I sit on the board of directors of Talking Boxes Company. Talking Boxes manufactures and sells one of the devices I’ll be talking about today. I don’t receive any financial compensation for my role on the board.

Written announcement (in handouts or course materials)

Mr. Ken Johanson; “Comparison of Augmentative Communication Devices.”
Employed by Speech and Hearing Clinic of Greater Baltimore.
**Disclosure:** Board of directors: Talking Boxes Company. Receives no compensation as member of board of directors

No relevant relationship(s) to disclose

Spoken announcement (could be accompanied by slide)

My name is James Booker and I’m speaking on Social Media and Continuing Education. I work for Hearing Health Education. I have no relevant financial or nonfinancial relationships to disclose.

Written announcement (in handouts or course materials)
Requirements for Financial and In-Kind Support Disclosure

The Continuing Education Board requires its Providers to disclose if any financial or in-kind support is used to pay for all or part of the costs of the CE course. The names of other organizations contributing financial or in-kind support must be disclosed to learners prior to the beginning of the CE course.

*Sponsorship* is when an entity/organization provides financial and/or in-kind support for an ASHA CE course/offering(s) but is not involved in the planning, delivery, or evaluation of the course. The organization providing sponsorship has no influence over the content of the course.

Promotional wording for sponsorship

To clarify that another organization is a sponsor of a course/offering(s) or is providing sponsorship in the form of financial or in-kind support, here are some recommended options for the wording of promotional materials:

- Sponsored by . . .
- Financial support for this course provided by . . .
- Facilities and refreshments provided by . . .
- Equipment/materials for use in this course provided at no cost by . . .
- Equipment/materials for use in this course donated at no cost by . . .
Requirements for Use of CE Brand Block and ASHA CEU Sentence

The primary promotional materials for courses offered for ASHA CEUs are required to include the ASHA Approved CE Provider Brand Block and a required ASHA CEU sentence. The Brand Block is customized to include the name of the Provider, the required promotional paragraph, and the CE graphic image. To ensure truth in advertising and to protect participants and Providers, it is vital that all Providers use their customized Brand Block and the required ASHA CEU sentence. Use of the customized Brand Block and required ASHA CEU sentence assures participants that the course is offered by an ASHA Approved CE Provider and that ASHA CEUs will be awarded. In cases where a CE course is not formally advertised (e.g., through brochures or flyers), the Brand Block and required ASHA CEU sentence should appear on signage at a registration table or in participant handouts to ensure that learners are informed that the course is being offered for ASHA CEUs. The CEB also recommends, but does not require, that Providers include the learning outcomes and an informational paragraph about ASHA CE Registry fees in their promotional materials.

Customized Brand Block and Required ASHA CEU Sentence

The ASHA CE administrator must use the Brand Block in the primary promotional materials. No changes or additions can be made to the Brand Block. For promotional materials advertising one course, the required ASHA CEU sentence must appear above, below or next to the Brand Block. If the Provider publishes a brochure that includes more than one course or if the primary promotional information is housed on the Provider’s web site, the ASHA CEU sentence should instead be placed next to the course description.

This course is offered for (insert number) ASHA CEUs (___level, ___area).

Key

1. Maximum number of (ASHA CEUs) available for the course as determined by the time-ordered agenda.

2. Instructional level (e.g., Introductory, Intermediate, Advanced, or Various).

3. Content area (e.g., Professional, Basic Communication Processes, or Related).
This course is offered for 0.85 ASHA CEUs (Intermediate level, Professional area).

CDs with high-resolution file formats for the customized Brand Block are available by contacting the provider manager.

**Rationale for the Brand Block and Required ASHA CEU Sentence**

The first sentence in the Brand Block makes clear that the organization is the ASHA Approved CE Provider, indicating to participants that the organization has met stringent ASHA CEB criteria to gain ASHA Approved CE Provider status.

The second sentence directs participants to the required ASHA CEU sentence that stands alone next to the Brand Block or with the course description. The ASHA CEU sentence stipulates the maximum number of ASHA CEUs available for the course and the level (Advanced, Intermediate, Introductory, or Various) and content (Basic Communication Process, Professional, or Related) of the course.

This information is vitally important to participants who are seeking continuing education offerings that meet their specific learning needs and that meet requirements to renew state licensure, renew teacher certificates, or qualify for ASHA’s Award for Continuing Education (ACE). By disclosing this information, the Provider informs participants in advance of the prerequisite skills and knowledge needed to participate in this course.

The third sentence in the Brand Block serves to protect the Provider and ASHA. ASHA Approved CE Providers represent divergent philosophies and procedures. In professions as diverse and fast-growing as speech-language pathology and audiology, it is the responsibility of each professional to stay informed, to reflect on information and experiences presented in CE offerings, and to make educated judgments about information presented using their professional training, experience, critical thinking, and informed opinion. Professionals must be responsible for making informed decisions about the philosophical and procedural paths best suited for their professional practice. It has been, and continues to be, the policy of the ASHA...
Continuing Education Board to approve CE Providers, not course content, products, or procedures. In fairness to participants, the promotional statement serves to apprise them of this policy.

**Acceptable Variations to the ASHA CEU Sentence and Conditions for Their Use**

There are two incidences when it is appropriate to modify the ASHA CEU sentence to facilitate learner understanding.

1. When a Provider offers a course for partial credit (e.g., convention with multiple sessions), it is acceptable to say the following in the ASHA CEU sentence:

   “This course is offered for up to __ ASHA CEUs ( __level, __ area).”

2. When a Provider promotes multiple courses in the same brochure or catalog, it is acceptable to place the ASHA CEU sentence juxtaposed to each course description as follows:

   “This course is offered for __ ASHA CEUs ( __level, __ area).”

**Appropriate Use of the ASHA Approved CE Provider Brand Block**

The ASHA Approved CE Provider Brand Block is a hallmark that is owned and licensed by ASHA for use by ASHA Approved CE Providers. The Brand Block should be used customarily in conjunction with the ASHA CEU sentence to identify a course as being offered by an ASHA Approved CE Provider for ASHA CEUs. It is acceptable for an Approved Provider to use the Brand Block on its Web site and other advertisements for the purpose of promoting the courses offered for ASHA CEUs.

It is inappropriate, however, for the Brand Block to be used in the following cases:

- In conjunction with the promotion of courses that are not being offered for ASHA CEUs.
- On Provider-issued certificates of attendance.

The reason for these stipulations is to prevent misinterpretation by learners who (a) may think that a particular course is being offered for ASHA CEUs when in fact, it is not, or (b) may think that the certificate of attendance you issue documents that they earned ASHA CEUs, when, in fact, only the ASHA CE Registry has the authority to award ASHA CEUs.

**Recommended Additional Information for Promotional Materials**

ASHA Approved CE Providers are encouraged to include the learning outcomes of the course written in learner-focused, measurable, and observable (when applicable) terms and information about the ASHA CE Registry fee on all promotional materials.

**Sample Learning Outcome Statements**

At the completion of this course you should be able to:
• evaluate complaints, with the appropriate history and diagnostic examination, of patients with suspected vocal cord pathologies,

• use a videostroboscope and other voice evaluation instruments, and

• communicate with professional colleagues regarding problems related to the client with vocal cord pathology.

Attendance Requirements

Include a statement regarding the course’s satisfactory completion requirements and attendance requirements. The sample wording that follow explains that participants must attend the entire course in order to be recommended for ASHA CEUs.

For a group learning experience:

"Program completion requirements: Participants are expected to be present for the entire program. Individuals who are not present for the full program will not be recommended for ASHA CEUs. No partial credit will be provided."

For a blended learning experience:

"Program completion requirements: Participants in this program must meet the time requirements for module completion and webinar participation. Individuals who do not meet both time requirements will not be recommended for ASHA CEUs. No partial credit will be provided."

Informational Paragraph About the ASHA CE Registry Fee

An annual ASHA CE Registry fee is required to earn ASHA CEUs. Individuals must meet one of the following criteria to earn ASHA CEUs:

• ASHA Member (includes Life member and International affiliates)
• ASHA Certificate of Clinical Competence (CCC) Holder
• Licensed by a state or provincial regulatory agency to practice speech-language pathology (SLP) or audiology
• Credentialed by a state regulatory agency to practice SLP or audiology
• Credentialed by a national regulatory agency to practice SLP or audiology
• A Clinical Fellow supervised by someone who holds the ASHA CCC
• Currently enrolled in a masters or doctoral program in SLP or audiology

The participant pays ASHA CE Registry fees directly to the ASHA National Office. The annual ASHA CE Registry fee allows registration of an unlimited number of ASHA CEUs for the calendar year. Contact the ASHA CE staff at 800-498-2071 for CE Registry fee subscription and CE Registry eligibility information.
Example of Promotional Material Advertising a Continuing Education Course

Facilitating Lifelong Learning in Speech-Language Pathology and Audiology Professionals

Offered by
The Lexington CME Division of Lexington Hospital
Thursday, November 18, 2010
Lexington, NC
9:00 a.m. - 4:30 p.m.
Lexington Hospital Teaching Lab

Learner Outcomes

At the completion of the workshop, attendees will be able to:

• identify and successfully use seven types of needs assessments to gather usable information for planning CE programs,

• write learner outcomes and develop a plan to successfully achieve learner outcomes through CE programs, and

• list the basic concepts related to lifelong learning and use five strategies in their CE program planning to facilitate professionals' lifelong learning.

Time-ordered Agenda

9:00 - 9:15 Registration and refreshments
9:15 - 9:30 Welcome and Introductions
Jean Reynolds, PhD, Chair ASHA Continuing Education Board, Disclosure: Receives no financial compensation for role as Chair of the Continuing Education Board

9:30 - 10:30 How to Find Out What Learners Need to Know--Planning and Implementing a Needs Assessment
Facilitator: Lauren Dobbins, Director Lexington Hospital CME Dept., Lexington, NC, Disclosure: Owns Needs Assessment, Inc.
<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Facilitator</th>
</tr>
</thead>
<tbody>
<tr>
<td>10:30</td>
<td>Break</td>
<td></td>
</tr>
<tr>
<td>10:45</td>
<td>How to Find Out What Learners Need to Know--Planning and Implementing a Needs Assessment (continued)</td>
<td>Lauren Dobbins, Director Lexington Hospital CME Dept., Lexington, NC</td>
</tr>
<tr>
<td>11:30</td>
<td>Lunch</td>
<td></td>
</tr>
<tr>
<td>11:30</td>
<td>Writing Learner Outcomes and Developing a Program to Successfully Achieve Desired Outcomes</td>
<td>Mary McNance, Professor, University of Wyoming, Disclosure: Author of Learning Outcomes Strategies.</td>
</tr>
<tr>
<td>1:30</td>
<td>Break</td>
<td></td>
</tr>
<tr>
<td>1:45</td>
<td>Writing Learner Outcomes and Developing a Program to Successfully Achieve Desired Outcomes (continued)</td>
<td>Mary McNance, Professor, University of Wyoming</td>
</tr>
<tr>
<td>2:30</td>
<td>Lifelong Learning - How CE Providers Fit Into the Process</td>
<td>Mark Barber, Clinical Audiologist Member, Continuing Education Board, Disclosure: Receives no compensation for role on the Continuing Education Board; Provides consulting services in designing CE courses.</td>
</tr>
<tr>
<td>3:30</td>
<td>Questions and Answers, Learning Assessment</td>
<td></td>
</tr>
<tr>
<td>4:00</td>
<td>Closing Remarks</td>
<td></td>
</tr>
<tr>
<td>4:15</td>
<td>Collection of evaluations and ASHA CEU forms</td>
<td></td>
</tr>
</tbody>
</table>
This course is offered for 0.5 ASHA CEUs (Intermediate level, Related area).

An annual ASHA CE Registry fee is required to register ASHA CEUs. Individuals must meet at least one of the following conditions to be eligible to earn ASHA CEUs:

- ASHA Member (includes Life member and International affiliates)
- ASHA Certificate of Clinical Competence (CCC) Holder
- Licensed by a state or provincial regulatory agency to practice speech-language pathology (SLP) or audiology
- Credentialled by a state regulatory agency to practice SLP or audiology
- Credentialled by a national regulatory agency to practice SLP or audiology
- A Clinical Fellow supervised by someone who holds the ASHA CCC
- Currently enrolled in a masters or doctoral program in SLP or audiology

The participant pays ASHA CE Registry fee directly to the ASHA National Office. The annual ASHA CE Registry fee allows registration of an unlimited number of ASHA CEUs for the calendar year. Contact the ASHA CE staff at 800-498-2071 for CE Registry fee subscription information.

For workshop registration information, call Carol Leeze at (516) 904-8932 at the Lexington Hospital.
Instructions for Completing ASHA CE Registry Forms

Course and offering registration
Deadlines: The course and offering registration must be complete, compliant and received by the Continuing Education Board (CEB) no fewer than:

- **Group (i.e., live) or blended learning experience:** a minimum of 15 calendar days before the first course offering’s starting date;
- **Individual learning experience (i.e., self-study):** a minimum of 15 calendar days before the first course offering’s starting date.
- **Cooperative course and offering:** a minimum of 30 calendar days before the first course offering’s starting date;

- Course and offering registration and required attachments (including cooperative offering fee(s)) received after the 15-day or 30-day deadline must be appealed to the CEB.

- Course and offering registration and all required attachments must be complete and compliant with CEB Requirements by the deadline (see above). Incomplete or non-compliant registrations must be appealed to the CEB.

- Guidance on completing a course and offering registration may be found at www.asha.org

- Submit the course and offering registration and its attachments (including co-op fees if applicable) to:
  - Online:
  - Mail cooperative offerings with fees: American Speech-Language-Hearing Association, ASHA Continuing Education Registry, P.O, Box 1160 #340, Rockville, MD 20849


Submitting Additional Offerings

The Manage Offerings section (Accessed through the course’s specific Course Overview on the Dashboard) is where the Provider documents the course elements that may change from offering to offering (i.e., starting date, completion date, city/state of the offering, and whether the offering is a cooperative CE offering). If other elements of the course are different (e.g., ASHA CEUs, learning outcomes), a new Course Registration is required. Courses with multiple offerings must be re-registered at the end of their validity period every five (5) years.

Instructions for Submitting Additional Offerings

Deadlines: Additional offerings and cooperative fees (if applicable) must be received by the CEB no fewer than 3 days before each of the additional offerings’ starting dates.

- For each offering, you will need to provide the following information:
  - The start and end date of the offering
  - The location of the offering (either Online/Distance Learning or City, State/Province, and Country)
  - Whether the offering should be listed on ASHA CEFind
  - Whether or not the offering is a Joint Providership/Cooperative offering (See CEB Manual, Section 3)
    - If Joint Providership, the partner organization’s ASHA Approved Provider ID
    - If Cooperative offering, the organization’s name, address, and primary point of contact’s name, email address, and phone number
- Once entered, each offering will automatically be assigned a 3-digit code to go with the Course ID (e.g. ####-001)
Pilot Study Report Form

Providers must submit a Pilot Study Report Form (found on the Provider CE website www.asha.org) when registering group (live) or self-study courses that use a delivery mechanism that does not easily equate 10 hours of contact to 1.0 ASHA CEUs (e.g., manuals, journals, web-based courses, field experience, assigned work outside of the classroom, etc.).

In the Pilot Study Report, the Provider lists the course’s alternate educational delivery components that were piloted, and provides data and analysis to justify the number of ASHA CEUs for the course. Pilot study data must reflect the product you intend to register in the future. If there are significant changes in the product’s delivery, format, or content, the Provider must submit new pilot study data or evidence as to how/why the existing pilot data remains a true measure of the time required to complete the product.

Instructions for Completing the Pilot Study Report Form

Date of report-Fill in the date the Pilot Study Report Form was completed.

Provider code-Enter the four-letter Provider code (assigned by ASHA) in the boxes provided.

Course number-Write in the course number used on the Course and offering registration in the four boxes provided.

Title of course-Provide title of course. There is a limit of 60 characters, including letters, numbers, spaces, and punctuation marks.

A. Methodology

- Start/End date of pilot: Indicate the date the pilot began and the date the pilot ended. The pilot study must be conducted in the 12 months prior to registration of the product.

- Number of pilot testers: Indicate the number of pilot testers. The Provider must have a minimum of 10 individuals (drawn from the product’s intended target audience) participate in the pilot study.

- Course components piloted: Indicate each component that the participants piloted.

B. Course/Product description

Periodical: Describe the periodical by checking the appropriate boxes for page size, number of columns, and provide word count. Be sure to complete Table II: Periodical Enduring Materials Formula.

All other courses: Check off the applicable component(s) of the course.
C. Data /Analysis/ASHA CEU calculation

Table I

If you are using the electronic form and have Excel software, double click on the Excel grid to enter your pilot study data. Otherwise provide data, analysis and ASHA CEU calculation in a similar format.

Data

- Provide each pilot tester’s name.
- For each pilot tester, enter the number of minutes spent completing each component (i.e., reading time, discussion board, etc.) piloted.
- Total the minutes for each pilot tester.

Analysis

Calculate the mean, median and mode in minutes for product. Mean, median and mode are requested to ensure the appropriate measure of central tendency is used to calculate the ASHA CEUs. If using the electronic form, just enter your data into the Excel spreadsheet and the mean, median, mode and ASHA CEU amount will be calculated for you.

*Mean* is the summary statistic obtained by adding up all the data values and then dividing by the number of participants. Mean is the preferred measure of central tendency when your data is symmetrical.

*Median* is the summary statistic obtained by finding the middle value of your data set. Median is the preferred measure of central tendency when your data contains outliers. Outliers affect the distribution because they are extreme scores.

*Mode* is the summary statistic obtained by finding the most frequent value.

**ASHA CEU calculation**

- Determine whether you will use the mean (data is symmetrical) or median (data contains outliers) to reflect the true average product completion time.
- Take either the mean or median for the product and divide that number by 60.
- To convert number of hours to ASHA CEUs, divide the number of hours by 10.
- Round down: Round the number calculated down to the nearest hour or half-hour.
Table II: Periodical Enduring Materials Formula

For journals or newsletters, the initial pilot study results are used to establish a formula that is used to determine the number of ASHA CEUs for subsequent issues of the periodical with similar instructional level and content.

Establish formula:

1. Words per minute: Calculate the mean or median words read per minute based upon pilot study data.
2. Learner assessment questions per minute: Calculate (if applicable) the mean or median number of minutes per learning assessment question based upon pilot study data.
3. Course evaluation questions per minute: Calculate the mean or median number of minutes per course evaluation question based upon pilot study.

D. Confirmation and Signature

In this section, the ASHA CE administrator verifies that all information submitted on the Pilot Study Report is correct and complete. The ASHA CE administrator must sign and date the Pilot Study Report.

Table III: Future Journal/Newsletter ASHA CEU calculation

If you register subsequent issues of the periodical, use this procedure to calculate ASHA CEUs for that issue. Be sure to provide your calculations when registering the periodical:

1. Calculate the number of minutes needed to read the subsequent issue by dividing the number of words in the current issue of the periodical by the previously calculated words per minute average.
2. Calculate the number of minutes needed to complete the learning assessment by dividing the number of multiple-choice questions in the current learning assessment by the previously calculated learner assessment questions per minute average.
3. Calculate the number of minutes needed to complete the course evaluation by dividing the number of questions in the current course evaluation by the previously calculated course evaluation questions per minute average.
4. Add the total minutes reading time, the total minutes learning assessment time and total minutes for course evaluation time to arrive at the total number of minutes required to complete the product.
5. Divide the total number of minutes needed to complete the product by 60 to get the proposed number of hours to complete the product.

6. Finally, divide the proposed number of hours needed to complete the product by 10 to calculate the proposed ASHA CEUs for this product. Round number down to the nearest hour or half-hour.

Example of How to Complete Table III--Calculating ASHA CEUs for Journals/Newsletters

**Step 1 – Periodical Enduring Materials Formula.** Based on your pilot study report, your course registration form will include the following information:

- Words per minute average
- Learner assessment questions per minute average
- Course evaluation questions per minute average

This information is used to calculate the ASHA CEUs for subsequent issues of that newsletter or journal. An example of how to use this information to calculate the ASHA CEUs for the next issue of that newsletter or journal follows:

If your pilot study data reflected:

Words per minute average = 153.60 words per minute

Questions per minute average = 1.38 questions per minute

Course evaluation questions per minute average = 2.50 questions per minute

**Step 2– Calculate ASHA CEUs.** If, for example, your next issue contains 16,750 words, 25 learner assessment questions, and 15 course evaluation questions–your calculations would look like this:

A. Number of words in journal/newsletter

B. Divide the number of words in journal/newsletter “A” by established words per minute average

C. Number of questions in learning assessment

D. Divide the number of questions in learning assessment “C” by established questions per minute average

A = 16,750 words

B = 109 minutes

C = 25 questions

D = 18.1 minutes
E. Number of course evaluation questions

\[ E = 15 \text{ questions} \]

F. Divide the number of course evaluation questions in “E” by established course evaluation questions per minute average

\[ F = 2.8 \text{ minutes} \]

G. Add the number of minutes calculated in step “B” to the number of minutes calculated in step “D” and to “F”

\[ 109 + 18.1 + 2.8 = 129.9 \text{ minutes} \]

H. Divide the number calculated in step “G” by 60 to arrive at average number of hours to complete the course

\[ 129.9/60 = 2.16 \text{ hours} \]

I. Divide the average number of hours calculated in “H” by 10

\[ I = .216 \]

J. Round number calculated in “I” down to the nearest hour or half-hour

\[ J = .20 \text{ ASHA CEUs} \]

Total number of ASHA CEUs (J) = 0.2. Example indicates 0.20 ASHA CEUs for the issue.

**Step 3– Provide calculations when registering the new course.**
Requesting a Change ASHA CE administrator and/or CE Content Consultant

Approval of ASHA CE Providers is based on consideration of the procedures, budget, and personnel devoted to their CE program. When a change in personnel involves replacement of the ASHA CE administrator (CEA) and/or the ASHA CE Content Consultant, the Provider must notify ASHA’s Continuing Education Board (CEB) in writing. The new CEA’s or CE Content Consultant’s term does not become effective until the CEB approves the request and, in the case of a new CEA, the individual completes an orientation. The Request to Change CE administrator and/or CE Content Consultant web form is found at www.asha.org.

Instructions

To request a change in CE personnel:

1. **Complete the Changing CE Personnel web form** ([www.asha.org](http://www.asha.org)). Use this form to inform ASHA of changes in CE administrator, CE Content Consultant and/or CEA supervisor. The form requests contact information for the proposed personnel and details the additional documentation to attach depending on the role of the individual.

2. **Resume of proposed CE administrator:** The resume must identify the proposed CEA’s qualifications and experience in CE program planning and knowledge of the professions of speech-language pathology and audiology.

3. **Resume of proposed CE Content Consultant** (required only if the proposed CE administrator is not a member of or certified by ASHA): The resume must identify the proposed CE Content Consultant’s qualifications and experience in CE program planning and knowledge of the professions of speech-language pathology and audiology. Note: The CE Content Consultant must be a member of or certified by ASHA.
   a. A description of how the CE administrator and the CE Content Consultant work together to plan, register (with ASHA CE), conduct, and evaluate courses and course offerings.

4. **Completed Requirement 2 course planning and reporting chart.**

5. **CE Provider Agreement Form:** This agreement must be signed by the CE administrator and/or CE Content Consultant, either current or proposed.

Approval of request: The new CE administrator and/or CE Content Consultant will hear from the CEB within 4 weeks of receipt of the request. The welcoming letter from the CEB will:

- Identify the CE Provider Manager at ASHA assigned to your organization
- Advise the new CE administrator to review the ASHA CEB Manual
- Provide details on scheduling a CE administrator orientation
Course Offering Report Form

At the conclusion of a course offered for ASHA CEUs by an ASHA Approved CE Provider, the ASHA CE administrator must file a Course Offering Report Form and accompanying materials. A Course Offering Report Form must be filed even if the course was canceled or there were no participants requesting ASHA CEUs. The Course Offering Report Form and accompanying materials must be received by the ASHA CE Registry no later than 45 days after the scheduled completion date of the course. Course Offering Report Forms and ASHA CEU Participant Forms received after the deadline must be appealed to the Continuing Education Board.

The Course Offering Report Form is available for downloading at the Provider CE website [www.asha.org](http://www.asha.org).

Instructions for Completing Course Offering Report Form

- **Deadline:** The Course Offering Report Form must be received by the CEB no more than 45 days after the completion date of the course offering. The Course Offering Report form is required even if the offering is canceled or no participants requested ASHA CEUs.
- **Submit the Course Offering Report Form and ASHA CEU Participant forms (if applicable)**
  - Fax toll-free: 866-271-3040, or

A. **Provider, Course and Offering Information**

   **Course Title** — Fill in the title used on the Course and offering registration and the ASHA CEU Participant Forms (if applicable).

   **ASHA Approved CE Provider Name** — Enter the name of the ASHA Approved CE Provider.

B. **Provider Code** — Write in the four-letter Provider Code (assigned by ASHA) in the boxes. Fill in the appropriate rectangle in each column

C. **Course Number** — Write in the course number used to submit the course and offering registration in the four boxes provided. Fill in the appropriate rectangle in each column.

D. **Offering Number** — Write in the offering number found on the Course Registration Confirmation in the three boxes provided. Indicate 001 for courses offered only once. Fill in the appropriate rectangle in each column.

E. **#of Participant Forms Included** — Write in the number of completed ASHA CEU Participant Forms being submitted to the ASHA CE Registry. For example, if submitting 12 forms, write 0012 in the four boxes provided. Fill in the
appropriate rectangle in each column.

F. **Offering Completion Date** — Enter the date on which the offering was completed. Use a leading zero for a single-digit date. For example, May 8, 2010 should be written as 050810. Fill in the appropriate rectangle in each column.

G. **Number of People Attending** — Write in the total number of people who attended the offering (if applicable). For example, if 350 people attended the course, write 0350 in the four boxes provided. This number reflects the total attendance at the course, not the number of people earning ASHA CEUs. The number in Block G should be greater than or equal to the number in Block E. Fill in the appropriate rectangle in each column.

H. **Partial Credit** — Fill in the appropriate rectangle to indicate whether partial credit was assigned to participants receiving ASHA CEUs. If partial credit was assigned, mark the reason. Be sure to complete the Provider Use Only box on the ASHA CEU Participant Forms for those participants receiving less than the course’s maximum number of ASHA CEUs.

I. **Verification** — The ASHA CE administrator for the ASHA Approved CE Provider must sign and date the Course Offering Report Form.
ASHA CEU Participant Form

The ASHA CE Registry provides ASHA Approved CE Providers with ASHA CEU Participant Forms that are distributed to participants who meet satisfactory completion requirements for CE courses and who have met the requirements to earn ASHA CEUs for a particular course. The ASHA CEU Participant Form is completed by the individual participant and returned to the ASHA CE Provider at the completion of the course. In the case of distant learning or self-study courses, Providers may elicit from participants the necessary information for the Provider to complete the Participant Form, rather than distribute the form to all participants in the course. The ASHA Approved CE Provider collects all ASHA CEU Participant Forms and, together with the Course Offering Report Form, forwards them to the ASHA CE Registry so that they are received no more than 45 days after the completion date of the course. Refer to Section 3, “Filing Course Report and ASHA CEU Participant Forms” for additional information.

The ASHA CEU Participant Form is available for downloading at the Provider CE website www.asha.org.

Instructions for Completing ASHA CEU Participant Form

- **Deadline:** ASHA CEU Participant Forms (accompanied by the Course Offering Report form) must be received by the CEB no more than 45 days after the completion date of the course offering.
- **Submit the Course Offering Report Form and ASHA CEU Participant forms (if applicable)**
  - Fax toll-free: 866-271-3040, or

ASHA Approved Provider should complete the following and then make copies for participants to complete at the offering:

- **Provider Code** — Enter the four-letter Provider Code (assigned by ASHA).
- **Course Number** — Enter the course number used on the Course and offering registration.
- **Course Title** — Enter the title used on the Course and offering registration and the Course Offering Report Form.
- **Completion Date** — Enter the date on which the offering was completed.

Course offering participant should complete the following:

- **Name** — Enter first name, middle initial, and last name.
- **Former last name** — Enter any other last name that participant has used in the past.
- **Address, City, State, Zip, and Country** — Enter mailing address.
• **Telephone and E-mail address** — Enter phone number including area code and email address.

**Last Name (Only)**

• Enter your last name only.
• Fill in the appropriate rectangle in each column.
• There cannot be more than 16 characters entered for your last name.
• You may use hyphenated names no longer than 16 characters, including the hyphen. If a hyphenated last name will not fit, decide which name you prefer to use, and use that name on all future ASHA CEU Participant Forms.

**ASHA Account Number**

• Write in the 8 digits of your ASHA account number.
• Fill in the appropriate rectangle in each column.
• **Note:** If you do not provide a number, one will be assigned by the ASHA CE Registry. You must use that number as your identification number on all future Participant Forms.

**Provider Use Only**

Leave blank. This section will be filled in by the ASHA Approved CE Provider.
Section 5: Independent Study

Overview

ASHA Approved CE Providers Qualified to Offer Independent Study

When an organization applies for initial ASHA Continuing Education (CE) Provider approval, there is an option to apply, in the same application, to be an ASHA Approved Independent Study Provider.

Purpose of Independent Study

All adults learn differently, and not every adult learns best in a group. Often adults prefer self-designed, individual learning courses over provider-planned courses. Designed to meet the needs of professionals who choose alternatives to group instructional courses, independent study is a self-designed educational experience for the enhancement of one's skills and knowledge in a specific area that is relevant to the field of communication disorders.

An independent study plan is proposed by the learner and reviewed, monitored, and approved by the ASHA Approved Independent Study Provider. Independent study can be inexpensive, can offer a flexible time schedule, and need not require travel. Most important, independent study provides the learner with an opportunity to design individualized learning courses to meet specific learning needs. Learners who want to register independent study courses for ASHA Continuing Education Units (CEUs) must have the independent study plan monitored and approved by an ASHA Approved Independent Study Provider.

Learners developing independent study plans must base their learning on an identified need, develop individualized learning outcomes, have a system to assess learning outcomes, and have a mechanism to determine satisfactory completion of the course. Development of independent study courses is based on the same principles of sound program planning that ASHA Approved CE Providers use to plan group learning courses. Independent study courses are limited to two (2.0) ASHA CEUs per independent study plan. There is no limit, however, to the number of independent study plans one can file with the ASHA CE Registry.

Types of Independent Study Courses

Examples of independent study courses include, but are not limited to, the following:

- Traditional independent study. Develop a plan for independent study under the direction of an ASHA Approved Independent Study Provider. Traditional independent study usually involves a variety of activities, all contributing to achieving the desired learning outcomes. For example, if the outcome is to learn a new assessment procedure, the traditional independent study might involve a combination of reading journal articles, observing a master clinician conduct assessments, reviewing the assessment procedures in case files, and participating in an internship to receive hands-on experience conducting the assessment. These experiences might culminate with the learner's writing a critical review of the
experience, including how he or she will incorporate newly acquired skills and knowledge into practice.

- Continuing education courses offered by an organization that is not an ASHA Approved CE Provider. Attend a course offered by another professional association, agency, or institution that is not an ASHA Approved CE Provider. Write a critical review of the experience including ways in which newly acquired skills and knowledge will be incorporated into practice.

- Course design and instruction. Develop and present information (speech, paper, workshop, short course, teleconference) of clinical significance to a group of peers, allied professionals, and/or laypersons.

- Research and publication. Design, implement, and report a study relevant to human communication and disorders.

- Audiotape and/or videotape instruction. Independently review tapes and write a critical review, including ways in which the newly acquired skills and knowledge will be incorporated into practice. Some ASHA Approved CE Providers offer audiotaped and videotaped instruction packages (self-studies) for ASHA CEUs (see Section 3 for information on distinguishing self-studies from independent studies). However, other commercial materials pertinent to the professions are available but are not offered by an ASHA Approved CE Provider as a pre-packaged self-study. In those situations, the learner can use the materials and develop an independent study plan around their use and successful completion.

- Clinical case studies/record review. Select individuals from clinical service files and analyze and critique the assessment, recommendations, intervention plan, counseling, and follow-up procedures with a final report to be reviewed by the ASHA Approved CE Provider and/or a group of peers. The report could include documentation and/or justification from the literature.

- Literature review. Review literature on a specified topic, and submit a written summary. The summary could include critical comments and a plan for incorporating acquired information into the learner's clinical practice.

- Professional visitation. Identify experts or master clinicians, and arrange to visit and observe them in their clinical setting. Following the visit, the learner can develop a written report summarizing the experience and describing how the information will have an impact on delivery of clinical services in the work setting.

- Internship. Spend a period of time working with colleagues who have special skills that would benefit the learner in his/her employment setting.

- Other. Devise and implement an independent study plan which does not fit any of the above categories.
**Courses Unsuitable for Independent Study**

Independent study may not be used in the following situations:

- **Provider-initiated courses.** Independent study cannot be used to offer participants ASHA CEUs for a group course offered by an ASHA Approved CE Provider. Group learning courses planned by the Provider must be offered for ASHA CEUs using the procedures described in Section 4. If a Provider fails to file a Course and offering registration for a Provider-initiated course within the 15-day/30-day pre-course filing deadline, independent study cannot be used as a substitute to offer ASHA CEUs to participants in the course.

- **Cooperative CE offerings.** ASHA Approved CE Providers should not offer independent study services for courses that should have been conducted as cooperative CE offerings or as Provider-initiated courses. Independent study should not be used to offer ASHA CEUs to groups of participants in courses. Organizations that are not ASHA Approved CE Providers but want to offer ASHA CEUs to participants in their continuing education courses should (a) seek a Provider with whom to conduct a cooperative CE offering or (b) apply to be an ASHA Approved CE Provider.

- **Courses initiated by the ASHA CE administrator through his or her ASHA Approved CE Provider.** An ASHA CE administrator cannot supervise, approve, or sign his/her own independent study plan. Because the ASHA CE administrator of the ASHA Approved CE Provider has oversight and is responsible for planning, monitoring, and approving independent studies, it would represent a conflict of interest for the ASHA CE administrator to both offer and earn ASHA CEUs for his/her independent study. ASHA CE administrators may participate in independent study, but they must do so through another ASHA Approved CE Provider. That Provider’s ASHA CE administrator should monitor, approve, sign, and file the independent study plan with the CEB and indicate the number of ASHA CEUs to be awarded.

- **By groups.** It is inappropriate to use independent study to offer ASHA CEUs for a group of learners. Independent study is intended to be initiated by an individual for the purpose of addressing that individual's specific learning needs. Each independent study plan must be customized to the individual, and the learning outcomes must be specific to that participant. A Provider or group of participants cannot create one independent study plan and duplicate it for group use. Even if several participants engage in similar independent study endeavors, each participant must have a separate original plan with learning outcomes specific to what that participant will be able to demonstrate as a result of the experience. The CEB will reject plans that appear to be created for groups of learners or that are duplicates. Group courses should be filed as a cooperative CE offering or as a Provider-initiated course.

- **For other courses not appropriate for ASHA CEUs.** The independent study course must relate to the science or practice of speech-language pathology and/or
audiology. Refer to “Course Components Not Included When Calculating ASHA CEUs” and “Courses for Which ASHA CEUs are Not Intended” in Section 3.
Requirements for Providers of Independent Study Courses

The 12 Requirements for initial and ongoing ASHA CE Provider approval are applicable to Providers who offer independent study courses. Refer to Section 2: ASHA CE Provider Approval for those requirements. Providers who offer independent study courses must adhere to the Required Practices in Section 2, as well as to the additional Requirements and Required Practices described in this section.

All Guidelines and Required Practices for each of the 12 Continuing Education Board Requirements are not restated in this section. Only those Required Practices that are specific to independent study courses are described.

**Requirement 1: Organization**

*The Provider (organization) must have an identifiable continuing education group or unit with assigned responsibility for administering continuing education courses, including independent study courses.*

**Required Practices**

1.1 The Provider has sufficient fiscal, human, and physical resources to support the continuing education group/unit and the independent study program, as well as its continued improvement.

1.2 The Provider has established written policies concerning the criteria for any fees charged to monitor and approve an independent study.

1.3 The Provider has established written policies concerning the criteria for (a) the refund of fees in the event the Provider decides not to monitor and/or approve the independent study, (b) refund of fees in the event the participant decides not to complete the independent study, and (c) the resolution of complaints from individuals not satisfied with the Provider’s independent study services.

**Requirement 2: Responsibility and Control (Administration)**

*The Provider (organization), through its continuing education group/unit, ensures that the Continuing Education Board (CEB) requirements and procedures are followed.*

**Required Practices**

2.1 Internal policies clearly indicate that there is a review process, with oversight by the ASHA CE administrator, that ensures adherence to the CEB requirements pertaining to independent study.

2.2 The review process of all independent study courses is conducted by the ASHA CE administrator.

2.3 The Provider may designate an individual instructor/supervisor for the independent study course; however, the Provider retains the ultimate responsibility for administration, quality, and approval of the course. The ASHA CE administrator must
sign all independent study plans before they are submitted to the Continuing Education Board.

**Requirement 4: System for Offering and Verifying Continuing Education Units**

*The Provider has an established procedure to identify participants who meet requirements for satisfactory completion of the independent study course and who are qualified to earn ASHA Continuing Education Units (CEUs). There is also a system for maintaining permanent participant records for a period of at least 2 years.*

**Required Practices**

4.1 The independent study course should be planned with the Provider and the participant before beginning the independent study course. If a plan is not filed in advance, it is the participant's responsibility to give the Provider adequate documentation demonstrating that a valid educational experience is under way. Providers may refuse to monitor or approve plans that are not planned and approved by the Provider before beginning the course.

4.2 The CEB does not award ASHA CEUs retroactively for independent study completed without Provider pre-approval of the plan. For example, if a participant attends a workshop offered by an organization that is not an ASHA Approved CE Provider and decides to use that experience as part of an independent study, the participant should contact the Provider and develop an independent study plan before attending the workshop. On occasion, usually because of time restraints, a participant may attend a workshop before contacting a Provider. At the completion of the workshop, the participant should meet with the Provider as soon as possible to discuss the independent study plan. Attending the workshop is only one part of the independent study course. The participant and Provider must decide the additional components of the independent study learning experience (e.g., writing a critical review of the workshop, presenting new skills to colleagues at an in-service meeting). The participant can not complete the entire learning experience (attend a workshop, write a critique, present the information to peers) and then decide to contact a Provider to earn ASHA CEUs. This is considered retroactive awarding of ASHA CEUs. The participant has completed the entire learning experience (independent study) without the pre-approval of the Provider.

4.3 The Provider and participant will determine, before beginning the independent study course, the number of ASHA Continuing Education Units (CEUs) assigned to the plan. Independent Study is limited to 2.00 ASHA CEUs (20 hours) per plan. If the plan will exceed 20 hours, the participant can develop another plan to record the additional hours, if new learning is obtained.

4.4 In independent study in which there is no easy translation of one ASHA CEU for 10 contact hours, the method of assigning ASHA CEUs must be agreed upon before beginning the course and should be described in the independent study plan. The participant and Provider must justify the method of determining the number of ASHA CEUs for the independent study course. The CEB reserves the right to evaluate and determine the appropriateness of the number of ASHA CEUs offered.
4.5 The Provider and participant have a systematic process for determining and verifying satisfactory completion of the independent study course.

4.6 The participant and Provider should agree on an ending date for the course/plan. Independent study plans may not extend beyond 12 consecutive months in one calendar year.

4.7 A copy of the independent study plan is retained by the Provider until the learner has completed the plan. The Provider does not submit the independent study plan to the CEB until the independent study is completed.

4.8 The Provider will verify the completion of the independent study course and submit the plan so that it is received by the CEB no more than 45 days after the ending date of the independent study plan.

4.9 The Provider has a permanent record-keeping system for retaining a copy of participants’ names, ASHA CEU credits, and independent study plans for a minimum of 7 years after the completion date of the independent study plan.

**Requirement 5: Needs Identification**

*The independent study course is planned in response to the identified needs of the individual.*

**Required Practices**

5.1 The independent study course and its content must originate from identified needs of the individual participant.

5.2 In planning the independent study course, the Provider and participant first should identify the participant's current skills and knowledge and then determine the skills and knowledge to be attained as a result of the independent study course.

**Requirement 6: Learning Outcomes**

*For each independent study course, the Provider and participant should develop clear and concise written statements of intended learning outcomes (e.g., behavioral or performance objectives) based on identified needs.*

**Required Practices**

6.1 Written learning outcomes that reflect what the learner will gain are established for the independent study course.

6.2 Written learning outcome statements are clear and concise.

6.3 Planned learning outcomes are based on identified needs of the individual.

6.4 The number of planned learning outcomes is limited and reasonable.
Requirement 7: Instructional Personnel
The Provider ensures that instructional personnel that may be involved in the independent study course are qualified and serve as appropriate resources to the participant in achieving the intended learning outcomes.

Required Practices
7.1 The Provider should ensure that individuals involved in independent study program planning and/or instruction are qualified by virtue of their education and/or experience.

Requirement 8: Facilities and Learning Support
The Provider ensures that appropriate educational facilities, resource or reference materials, instructional aids, and equipment are consistent with the purpose, design, and intended learning outcomes of the independent study course.

Required Practices
8.1 The facilities, resources, and instructional aids outlined in the independent study plan are appropriate and adequate to the content and learning outcomes of the independent study course and contribute to the participant's enhanced learning.

Requirement 9: Content and Methodology
Independent study content and instructional methodologies are consistent with stated learning outcomes, are appropriate for learning, and permit opportunities for the learner to participate and receive feedback.

Required Practices
9.1 The independent study's content is directly related to the individual's anticipated learning outcomes. The content and learning outcomes are related to the sciences as they pertain to speech-language pathology, audiology, speech/language/hearing sciences, and/or the contemporary practice of speech-language pathology and/or audiology.

9.2 The independent study's content and instructional methodologies are based upon, and appropriate to, the stated individual learning outcomes of the participant.

9.3 Learning materials (tapes, journals, etc.) used in the independent study should be current, suitable, and appropriate for the intended learning outcomes.

9.4 The content of the independent study course should be designed to explore one subject or a group of closely related subjects. (Refer to ASHA CE Registry Subject Codes in the Appendix K to determine integrally related subjects.)

9.5 The participant and Provider should agree on an ending date for the course/plan. Independent study plans may not extend beyond 12 consecutive months in one calendar year.
9.6 The Provider and participant should determine the instructional level of the independent study course and specify the level on the independent study plan. The instructional level should be classified as Introductory, Intermediate, Advanced, or Various, according to the definition of instructional level given in Section 3.

9.7 The Provider and participant should determine the content area of the independent study course and specify the area on the plan. The content area should be specified as Basic Communication Processes Area (B), Professional Area (P), or Related Area (R), according to the definition of content areas given in Section 3.

9.8 The independent study plan should allow for learner interaction, instructor feedback (if appropriate), and learner assessment of acquired knowledge and skills to reinforce learning.

Requirement 10: Requirements for Satisfactory Completion

Satisfactory completion requirements are established for each independent study course. These requirements are based on the purpose and intended learning outcomes. The participant and the Provider should agree upon the requirements prior to starting the independent study course.

Required Practices

10.1 Satisfactory completion requirements are established for each independent study course.

10.2 Satisfactory completion requirements are based on the independent study's purpose and the participant's planned learning outcomes.

10.3 The Provider and participant establish and agree upon the satisfactory completion requirements before beginning the independent study course.

10.4 In the event that the Provider considers the participant's work unsatisfactory for meeting the completion requirements or for earning ASHA CEUs, a written statement citing reasons for such a decision must be submitted to the participant and to the CEB. The participant has the right to appeal the decision to the CEB. See “Appeals Process” in Section 3.

10.5 The Provider must forward the independent study plan to the ASHA Continuing Education Registry so that it is received no more than 45 days after the ending date of the independent study plan.

Requirement 11: Assessment of Learning Outcomes

Achievement of the individual's intended learning outcomes is assessed using procedures established during the independent study course's planning.

Required Practices

11.1 Learning assessment procedures are established when the participant and Provider plan the independent study course.
11.2 Learning assessment procedures measure intended learning outcomes achieved.

**Requirement 12: Program Evaluation**

*In planning the independent study course, an evaluation process is established to examine various aspects of the course, such as the needs assessment, identification of learning outcomes, methodology and content of the plan, and the extent to which intended learning outcomes are achieved.*

**Required Practices**

12.1 Program evaluation procedures are established when the Provider and participant plan the independent study course.

12.2 The independent study course is evaluated by the Provider and participant at the conclusion of the independent study course.

12.3 Program evaluation results are used to make improvements in planning and participating in future independent study courses.
Procedures for Planning, Approving, and Filing Independent Study Plans

Overview
Learners who are developing Independent Study (IS) plans must base their learning on an identified need, develop individualized learning outcomes, have a system to assess learning outcomes, and have a mechanism to determine satisfactory completion of the course. Development of IS courses is based on the same principles of sound program planning that ASHA Approved Continuing Education (CE) Providers use to plan group learning courses. IS plans must be completed by December 31st of the year in which they were started. IS courses are limited to 2.0 ASHA continuing education units (CEUs) [20 hours] per IS plan. If a learning experience will exceed 20 hours, another IS plan can be developed.

Steps for Planning, Approving, and Filing IS Plans
The ASHA Approved Independent Study Provider should follow these steps to plan, approve, and file an IS plan for ASHA CEUs.

Note: Independent study plans are limited to 2.0 ASHA CEUs (20 hours) per plan. If a learning experience will exceed 20 hours, then another IS plan can be developed.

1. Participant decides to engage in IS. A participant interested in IS should read the “Independent Study (IS)” section of the ASHA website, identify an ASHA Approved Independent Study Provider (Provider online listing), and access the Independent Study Participant Worksheet.
2. Participant contacts an ASHA Approved Independent Study Provider. After the participant reviews the IS materials, he/she should fill out the Independent Study Participant Worksheet and develop a tentative IS plan that he/she will then discuss with the IS Provider’s ASHA CE Administrator (CEA).
3. Providers have the right to accept or refuse to plan, monitor, and process a participant’s IS plan.
4. Providers may charge participants a fee to monitor and process the IS plan. Upon initial contact by the participant, the Provider should inform the potential participant about the procedures and policies that the Provider follows related to IS. Also, the Provider should inform the participant about the fees and the refund policy.
5. Providers agree to monitor/process IS. After discussion about, and review of, the participant’s intended IS course, the ASHA Continuing Education Administrator (CEA) should indicate to the participant whether he/she will assist in planning, monitoring, and approving (upon satisfactory completion) the IS learning experience.

6. The CEA and participant follow CEB requirements to plan the IS. The CEA assists the participant in planning the IS course and describing it on the Independent Study
The IS course must relate to the practice of audiology, speech-language pathology, or speech, language, and hearing sciences.

7. The CEA and participant agree on and sign the IS plan. Once the IS plan is developed and the CEA and participant agree on all components of the Independent Study Participant Worksheet, the participant and the CEA for the Provider sign and date the Independent Study Participant Worksheet.

8. Both the CEA and the participant retain a copy of the signed Independent Study Participant Worksheet. At this point, the CEA could go to the course and offering registration system to start the registration process. This form will not be submitted to ASHA CE until after the IS coursework is completed. However, ASHA strongly recommends that the CEA capture the information in the online registration system anyway—to safeguard and secure the proposed plan.

9. The CEA should check in with the IS participant during the IS plan to monitor the participant’s progress and determine if any changes to the IS plan or to the Independent Study Participant Worksheet are necessary.

10. Participant completes the IS experience. Immediately following the completion of the IS plan, the participant must submit all documentation verifying satisfactory completion and related information as agreed upon in the Independent Study Participant Worksheet. After the materials are received by the CEA—and if satisfactory completion has occurred—the participant and CEA work together to complete last page the Independent Study Participant Worksheet. The CEA signs and dates the form.

11. The CEA will go to course and offering registration system and enter the course under a new course number. When prompted for the type of learning experience, the CEA will select “Independent Study.” After selecting that option, the CEA will be directed to IS-specific questions, which will ask the CEA to attach (a) the Independent Study Participant Worksheet and (b) the participant’s contact information (which needs to be provided for reporting purposes).

12. ASHA CE staff reviews the IS plan to ensure that it meets CEB requirements. ASHA CE staff may request additional information from the ASHA CEA and/or participant if the form is incomplete or if the IS plan does not meet CEB requirements.

13. Participant must pay the annual ASHA CE Registry fee. To earn ASHA CEUs and to register the IS course on the ASHA CE Registry, the participant must have paid the annual ASHA CE Registry fee. The participant should contact ASHA CE staff for annual fee information.

14. ASHA CE staff enters the IS information and ASHA CEUs on the participant’s ASHA CE Registry transcript. The information on the IS course submission will be entered into the ASHA CE Registry on both the Provider’s record and the participant’s ASHA CE Registry transcript.

15. The ASHA CE staff sends the Provider a course roster, which the CEA should check against the Online Course and Offering Registration System and the Independent Study
Participant Worksheet retained by the Provider. The CEA should contact the ASHA CE Registry immediately if errors are present.

**Negotiating Independent Study Plans**

Frequent questions asked by ASHA Approved Independent Study Providers are (a) How does the ASHA CE administrator equate effort spent in independent study courses with time (ASHA CEUs offered)? and (b) How can participants in independent study courses document their efforts? The CEB has developed the following suggestions.

**Methods for Equating Effort and Time**

Three methods typically used for equating effort with time are (a) actual contact hours in attendance or time spent in a course, (b) actual contact hours plus actual preparation time, and (c) actual contact hours plus a percentage of preparation time. Examples of each method follow.

**Assign actual hours in attendance or hours spent in the course.**

For example, the number of hours an individual spends:

- attending a conference
- presenting a speech, paper, workshop, short course, and so forth
- listening to audiotapes, watching videotapes or educational TV, or completing computer software instructional programs
- completing a professional visitation, an internship, or a self-directed study

**Assign actual hours in attendance or hours spent in the course plus actual preparation* and/or follow-up time.**

For example, the number of hours an individual spends:

- preparing for and making a professional presentation
- setting up and carrying out a research project
- listening to or watching self-instructional materials and writing a critical review or analysis of its impact on job performance
- preparing and presenting a clinical case study
- conducting and preparing a review of the literature
- completing a professional visitation and writing a follow-up report

*A standard formula for preparation is 2 hours of preparation required for 1 hour of performance. However, additional preparation time may be requested with justification.
Assign actual hours in attendance or hours spent in the course plus a percentage of preparation.

The CEB offers three suggestions for documenting participant's efforts in independent study courses: (a) logs, (b) products, and (c) evaluations.

Logs.

A log should be kept that includes the date, time, what the person did, and a signature or initials, if appropriate.

For example:

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
<th>Time Spent</th>
</tr>
</thead>
<tbody>
<tr>
<td>3-24</td>
<td>Gathering data</td>
<td>12 hrs</td>
</tr>
<tr>
<td>4-18</td>
<td>Evaluating data</td>
<td>12 hrs</td>
</tr>
<tr>
<td>5-22</td>
<td>Writing article</td>
<td>6 hrs</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
<th>Time Spent</th>
</tr>
</thead>
<tbody>
<tr>
<td>3-15</td>
<td>Midville Clinic</td>
<td>2 hrs</td>
</tr>
<tr>
<td>3-26</td>
<td>Hort Hospital</td>
<td>2 hrs</td>
</tr>
</tbody>
</table>

Products

Participants may document efforts via a product.

For example:

- a summary of the workshop attended
- a brochure indicating that the individual was a featured speaker at a workshop, convention, or seminar
- a research paper, book chapter, or published article
- a summary of topics studied by the journal group
• a critical review of audiotapes, videotapes, or computer materials used
• a written summary of literature review
• a report of professional visitation or internship courses
• the development of a computer program, diagnostic instrument, or treatment materials

Evaluations

Participants may document efforts by writing or recording a statement concerning the impact of the course upon their professional performance.
Completing the Online Course and Offering Registration System for an IS Course

The process of registering an Independent Study are similar to any course registration. Those sections that are different and that require further explanation are detailed below.

Add Course Screen:

- IS Course Title
- IS Course ID
- Select “Independent Study” (bottom-right box)

Course Details:

- IS Course Description (This will appear on the participant’s transcript.)
- Subject Code, Content Code, and Instructional Level

ASHA CEUs and Offering Details:

- Select IS type.
  - There are 13 different types of IS activities
  - For an explanation of each IS type, see Types of Independent Study Courses in the CEB Manual.
- Enter the amount of ASHA CEUs requested.
- Attest that you have reviewed the IS plan and:
  - Have ensured the plan represents a valid and verifiable continuing education experience
  - Have ensured the plan will be implemented according to the requirements established by the CEB
- Enter the start and end dates of the IS plan.
- Enter the location of the IS Course

Attachments:

- Upload Independent Study Participant Worksheet.
- Upload Independent Study Participant Time Log
Appendices
Appendix A How to Conduct A Self-Assessment of Your Continuing Education Program

What is a self-assessment?
A self-assessment is a process whereby a program describes and evaluates its own resources and effectiveness.

How does self-assessment relate to becoming an ASHA Approved CE Provider?
Although the primary purpose of a self-assessment is to help the program become more effective, it also helps the program to assess the extent to which it meets the requirements to become an ASHA Approved CE Provider. The materials produced as a result of the self-assessment will help the Continuing Education Board (CEB) determine if the program is in compliance with requirements.

At the conclusion of the self-assessment, the program should be able to determine if it is ready for a Continuing Education Board review. If the program determines that it is not ready for external peer review, it should attempt to correct the deficiencies and conduct an additional self-assessment until the problems are solved.

What are some of the benefits of a self-assessment?
A thorough, well conducted self-assessment can benefit the program in many ways. For example,

- It helps the program to be more effective as a result of (a) clarifying goals and objectives, (b) evaluating achievement of the goals and objectives, (c) identifying problems, (d) reviewing programs, procedures, and resources, (e) identifying and initiating needed changes.

- It helps with program planning by identifying strengths and weaknesses, and projecting how to achieve program goals and objectives.

- It leads to ongoing research and self-analysis by the program.

- It stimulates review of policies, practices, procedures, and records.

- It enhances communication and cooperation among the program director, faculty, and staff.

- It provides a staff development opportunity for recently hired staff and administrators.

- It enables a program to determine the extent to which it meets CEB requirements.
How do you conduct a self-assessment?

There are a number of ways to conduct a self-assessment; whatever plan is selected must be systematic if it is to be successful. The typical steps in conducting a self-assessment are as follows:

1. Develop a plan for the self-assessment

The plan will be influenced by whether there is only one staff person in the continuing education/training program, or whether there are several people working in the area. If there is more than one staff member, a planning group should be formed to oversee the self-assessment.

The staff member or planning group will begin by identifying issues and concerns that are specific to the program. A plan should then be developed for conducting the self-assessment. It should address (a) what components of the program will be assessed, (b) how data will be collected, (c) what will be the review procedure, (d) how progress will be measured, (e) how decisions will be reached, (f) who will have responsibility for each task, and (g) what will be the time lines. The plan should include ways to incorporate changes that might be indicated by the self-assessment results.

It is preferable to keep the plan as simple as possible as long as it allows appropriate people in the organization to review the program. It will be necessary to obtain the resources required to conduct the self-assessment.

2. Establish program mission and goals

It is important for the program to be clear about its intentions. This means that the program must have (a) a clearly stated mission or purpose statement and (b) goals that complement the mission statement and indicate how the mission statement will be achieved. Some programs have objectives that are even more specific and are usually quantifiable.

A mission statement is general in nature and is intended to indicate something about the overall intentions of the program. The statement indicates the type, tone, and extent of the program. For example:

"The continuing education program at X Association provides professional education courses that are designed to improve the clinical skills of practicing audiologists and to enable them to meet licensure requirements."

The goal statements flow from the mission statement and indicate how the mission will be achieved. There are three types of goal statements:

A. Input goals describe the types of resources and participants that are desired by the program.

"The program will recruit participants who are employed within the industry and whose current job assignments relate directly to content of the course."
B. Process goals describe the specific types of programs or services to be offered, or the environment to be created.

"The program will offer workshops, seminars, and teleconferences with special emphasis on executive leadership and management skills."

C. Outcome goals state the expectations of what is to be achieved as a result of the process.

"The program will offer certificates of achievement to all participants who demonstrate that they have acquired the knowledge and skills required for satisfactory completion of the course in which they are enrolled."

Objectives, which are statements of even more specificity, can be developed to amplify each goal statement and provide measurable statements of process or intended outcome.

3. Determine the data to be collected

The program should consider all the possible ways that facts and opinions could be gathered to determine the extent to which these questions are being achieved:

- Are the program goals and objectives being achieved?
- Are the necessary resources available and used appropriately to carry out the programs and services? Will resources continue to be available?
- Are the CEB requirements being met? If not, why?

4. Collect the data

Information should be obtained to assess each aspect of the program. One of the most important components of the self-assessment will be the data which are collected from the assessment of learning outcomes and the evaluations of the program.

5. Evaluate the data

When the data have been gathered to assess the program's effectiveness, resources, and compliance with CEB requirements, they must be reviewed and analyzed.

6. Develop plans for strengthening the program

When the data has been analyzed and studied, the staff should make recommendations to improve the program or develop new areas if it seems necessary. This will involve coordination with other units within the organization and the administration.

7. Assure for continuation of self-assessment

The self-assessment should not only lead to improvement, it should form the basis for a planning process that follows on its heels.
Assess and plan...then implement...then assess and plan some more! Conducting a thorough self-assessment will improve the quality of your existing continuing education program and will make the CEB provider application process flow more smoothly.
Appendix B Code of Ethics

ASHA’s code of ethics may be found at https://www.asha.org/code-of-ethics/

Appendix C Conflicts of Professional Interest

ASHA’s Issues in Ethics statement may be found at https://www.asha.org/Practice/ethics/Conflicts-of-Professional-Interest/
Appendix D ASHA CE Staff Contacts

ASHA: 1-800-498-2071
ASHA CE Fax: 301-296-8574

Internet e-mail addresses:

(staff person's first initial and last name)@asha.org Example: Ellen Fagan's e-mail address is: efagan@asha.org

Spencer Bauer, Accounts Manager, 301-296-5726
Lee Biskin, Manager Quality Assurance, 301-296-5690
Winona Blackmon, Administrative Assistant, 301-296-5728
Stephanie Burnett, Accounts Manager, 301-296-5722
Clayonia Colbert-Dorsey, Manager, CE Provider Services, 301-296-5725
Jennifer Cornwell, Accounts Manager, 301-296-5761
Charisse Diggins, Coordinator, CE Provider Approval, 301-296-5679
Eric Cotter, Business Intelligence Analyst, 301-296-5649
Ellen Fagan, Director, Continuing Education, 201-296-5739
Jennifer Harper, Accounts Manager, 301-296-5746
Jillian Henderson, Manager, CE Provider Services, 301-296-5655
Danielle Huber, Accounts Manager, 301-296-5723
Jo Ann Linseisen, Associate Director, Continuing Education, 301-296-5744
Joan Oberlin, Manager, CE Provider Services, 301-296-5753
Florence Parent, Accounts Manager, 301-296-5757
Zachary Roach, Manager, CE Provider Services, 301-296-5747
Anne Scott, Manager, CE Provider Services, 301-296-5760
Carrie Stanley, Associate Director, CE, 301-296-5736
Brandi Wilkins, Manager, CE Provider Services, 301-296-5729
Appendix E Conducting Needs Assessment
Improving Professional Practice; The First Step: Identifying Learning Needs

Ellen C. Fagan
Director, ASHA Continuing Education

Successful continuing education (CE) program planning is based, in part, on identifying learners' existing skills, competencies, and knowledge, and using that information to determine whether a gap exists between what is known and what is expected to be known. Program planners should identify areas in which learners are meeting currently established standards but want to expand their knowledge and skills. Identifying the gap(s) and expanded practice needs, and developing program goals and objectives to close the gap(s) and address enrichment needs is all part of conducting a needs assessment. Developing and implementing a carefully planned needs assessment will impact on all phases of CE program planning, participant support of the program, and outcome evaluation endeavors. Only through informed decision-making can planners select the type and amount of educational intervention likely to bring about change in the learner.

Ideally, needs assessments are conducted on three levels: The strategic level, the programmatic level, and the project level (Levine et al., 1984). A strategic level needs assessment gathers data on current issues in the professions, new knowledge and technology affecting service delivery and clinical practice, and social, cultural, and environmental issues. Strategic assessments also look at national, community, and organizational issues. Planners should use the results of strategic assessments for long-term planning (2-3 years) and to direct decisions about general topics to cover, audiences to target, and where to spend CE resources.

Programmatic level needs assessments take the information from the strategic level assessments, such as the general topics to cover, and identify specific concerns to address within the general areas. Programmatic assessments help narrow the focus of topic areas or specific concerns within areas.

Project level needs assessments identify the learner's present knowledge, skills, and competencies. Results will assist planners in developing the level and content of the CE offering and will help instructors develop content that will meet the needs of the audience. Don't overlook this level of assessment. Too often, planners make assumptions about learners' present skill levels and resulting programs are not responsive to learners' needs.

The needs assessment process can be broken down into four stepwise progressions resulting in usable data for present and future CE program planning. These four steps include (1) planning the assessment procedure, (2) gathering the data, (3) analyzing the data, and (4) formulating recommendations based on the data analysis.

Planning the Assessment Procedures
Before gathering needs assessment data, it is important to ask yourself a series of questions. These queries will help you focus on the purpose and final outcome of the entire assessment process:

- What is the purpose and reason for conducting the needs assessment?
- What type of data is needed—individual characteristics, individual performance levels, work setting characteristics, and demands?
- What issues will the assessment address?
- What are the data sources—professional standards, scientific research, new knowledge and developments, client opinion and attitudes, learner perception of needs, normative sources (studies indicating practice differences).
- How will the results contribute to program planning?
- What data gathering techniques will be used?
- Are there adequate resources to conduct the assessment?
- What audience will the assessment target?
- How will the assessment results be used?
- How will the data be analyzed?
- How will you determine that a "need" exists?
- What are the causes of the identified needs?
- Can the need be addressed through CE?
- Are other CE providers addressing these needs?
- How will the identified needs be prioritized?
- How will the findings be reported?

Gathering the Data

Needs assessment data can be gathered via a variety and combination of methods. There are advantages and disadvantages to each.

Observing the performance of professionals in the work setting is an excellent way to gather first-hand information about current and desired proficiencies. Direct observation can validate earlier data-gathering and confirm perceptions that were drawn from inventories or brain-storming sessions. In order to obtain valid data, observers must have standards of performance against which they judge observed performance. This type of data gathering is expensive because it usually involves training and paying observers. Observers also may bring personal bias and
preconceived standards to the observation that conflict with the standards against which they are rating the learner's performance. Another disadvantage to direct observation is that performance of the learner is likely to be different (either positively or negatively) simply because an observer has been introduced into the learner's environment.

Interviews with potential participants can be advantageous in encouraging free expression of opinions and will give you insight into learner attitudes. Potential learners are likely to elaborate on their comments in an interview, plus the interviewer can follow-up on partial responses and probe for more in-depth information about learner needs. The drawbacks of interviewing is that it is time consuming, usually limited to a small group of people, and difficult to quantify (Levine et al, 1984). Questions should be field-tested and validated, and all persons being interviewed should be asked the same core group of questions.

Surveys and questionnaires are used widely by CE planners for gathering information about learners' needs, interests, preferences, and learning styles. This type of data collection is cost effective, is easily standardized, allows the learner time to think about questions and reflect on answers, and is easy to analyze. The disadvantages are that low response rates may influence data analysis, respondents may not understand the intent of questions, and follow-up is virtually impossible because most responses are submitted anonymously.

Conversations with experts can be helpful in identifying the needs they perceive as widespread among learners in the professions. This type of data is obtained easily via phone or face-to-face conversation, inexpensive, and likely to spark interest in the "expert" becoming involved in teaching or attending future programs. This method, unfortunately, does not represent potential participants directly and therefore may provide you with insufficient information if it is the sole source of data. Experts also may limit their perceived learner needs to a narrow area of the professions or to their particular area of expertise.

Searches of documents, recent texts, articles, and state and federal regulatory interpretations can provide information about emerging topics of interest and learner needs as well as insight into existing practice-oriented problems encountered by professionals. Enduring print material are good sources for starting the investigation into current practice needs; however, remember that print material is often six months to two years old by the time it is published and may not necessarily reflect current situations.

Inspection of records and charts often reflect adequacy of performance and practitioner proficiency. If you work in a service provider setting, you can audit client records to determine level and appropriateness of care. Deficiencies can be addressed through in-service education for staff and supervisors. You can also use national reports, such as child-find data and caseload composition reports, to determine unserved and under-served populations. CE to meet those deficiencies could have a national focus, or you could compare local data with national data to plan state-wide or community CE to address these needs. Record inspection is difficult in many
settings where confidentiality is stringently enforce. Also, descriptions of diagnosis and intervention recorded in charts and daily logs are often sketchy outlines and may not reflect accurately the provider-client interaction.

Administering instruments to assess current knowledge, skills, competencies, and attitudes are useful in identifying deficiencies. You can use written examinations, interest checklists, oral exams, performance checklists, or simulation exercises to judge current learner proficiencies against standards in the professions. Collecting data in this manner provides you with standardized responses and easily analyzed data. Instruments can be re-administered following the educational course to determine if needs were addressed and learning occurred. Disadvantages include the expense and time involved in administrating, scoring, and reporting. Also, adults report that taking formal tests to demonstrate their knowledge does not reflect their typical everyday performance in the work setting.

Group problem analysis is a process whereby a group of professionals identify problems, needs, and educational deficiencies and suggest solutions in the form of learning outcomes to be addressed, formats of educational events, and forms of educational intervention. There are various formats you might follow to set up groups for problem analysis. One format is the "unmet needs conference." During this format, groups representing various constituencies of the professions meet and divide into smaller groups to discuss their individual perceptions of needs that are going unmet. Individual groups formulate lists of problems and needs. Findings are shared with the entire group so that the total group can work cooperatively toward suggesting and planning educational opportunities to address the wide scope of needs.

The nominal group process of problem analysis involves the silent generation of problem identification followed by round-robin recording of ideas, discussion of ideas, voting on priorities, and determining the rank order of the identified priorities. This problem-solving process is similar to the unmet needs conference; however, the critical difference is the forced involvement of all individuals in the process.

Additional methods of group problem analysis include brainstorming sessions, speak-up sessions, appointment of a task force or advisory group, and critical incident techniques. The process of critical incident techniques requires that potential learners write a paragraph on a practice problem in their setting (Brookfield, 1986). This process allows for anonymous sharing of real concerns and feelings, and provides insight into effective and ineffective learner responses to these situations. The disadvantages of this method, as with all group problem analysis, are that it is time consuming, costly, and data analysis is often complex.

Use multiple data gathering techniques. It is rare that a single method of collection will answer all your questions about learner needs. Most people will find it preferable to use a combination of methods that best suits your organization's budget, time constraints, expected outcomes, and data needs.

Analyzing the Data
Although data from formal needs assessments may appear sufficient for planning purposes, educational needs of adult learners are never absolute. Needs are influenced by the learner's behavior and the environment, and will change depending on these two situations. Ultimately, adult learners are best at determining their own learning needs. Only the learner can decide how and when to learn and decide to apply what is learned to their practice or work setting. Although experts might develop standards by which professionals can compare their skills and knowledge, only the adult learner knows how they truly measure up to those standards.

Also, learning needs change rapidly even during the educational course. The needs that were perceived during the planning stages of the course may not be the needs of participants once the course begins. Therefore, ongoing needs assessments are necessary even during the educational course.

Although you must keep in mind that needs of adult learners are never absolute and are ever-changing, data gathered from the formal needs assessment can be and should be used to plan and develop program objectives and learner outcomes. There are a variety of data analysis methods available. The choice of the analysis process is dependent upon the decisions made during the planning stages of the needs assessment process. Questions posed in the planning stages are now addressed in the data analysis phase: What questions are to be answered by the needs assessment? How will the results be used in program planning? What type of data was gathered and who comprised the population of the sample? What data gathering techniques were used and what was the size of the sample?

Basically, several different data-analysis steps should occur including classification of the data into need areas, establishment of the nature and extent of the needs, and validation of needs by taking into account varying perspectives. Most needs assessment procedures use basic research designs for data collection and analysis. Data from interviews, questionnaires, formal assessments, and group problem analysis procedures can be summarized in quantitative and narrative forms. Analysis of quantitative data may include frequency distributions, cross tabulations, percentages, and correlation between partials.

Qualitative data can be summarized and grouped according to common themes. Results can be compiled into a list of needs or inventory of problem areas, and used to identify priority areas, plan learning outcomes, and suggest formats of courses.

**Formulating Recommendations Based on the Data Analysis**

A step ignored by many program planners is the documentation of data gathering and analysis into a written report with results and recommendations. The report may serve several purposes. Planners in larger institutions may use such documentation to justify allocation of funds. CE marketing personnel may use the results to advertise to potential learners the validated reasons for CE offerings. Educational planners may use the results and documentation to formulate specific objectives and outcome measures. No matter what the purpose, the final report is an important step in the needs assessment procedure. Data that is gathered and analyzed but never interpreted...
or reported is of limited value and a waste of your resources. Minimally, reports and documentation should include a description of the purpose and issues addressed in the needs assessment; a description of the population sampled, sampling procedures, and analysis procedures; and a summary of findings and recommendations (Levine, et al., 1984).

Finally, no needs assessment will give you all the information to make the correct planning decisions; however, isolation and description of the key components will assist in promoting sound planning. Your end goal, assessing the effectiveness of your CE course or program, can only be accomplished if you know the entry level needs, skills, knowledge, and behaviors of the learners. A well planned and executed needs assessment is a powerful tool in building a successful CE program.
Appendix F Developing Learning Outcomes

What Do You Do After the Needs Assessment? Developing Learner Outcomes!

Ellen C. Fagan
Director, ASHA CE

In a previous article, we focused on the importance of assessing learners' needs, and stressed that unless the CE planner correctly identifies the needs of potential participants, the CE program will be ineffective and participants will be disappointed and disgruntled. Three levels of needs assessments were identified: the strategic level, the programmatic level, and the project level. Emphasis was placed on using the results of the various assessments to formulate goals and objectives, set priorities, and develop plans to address the learning and service delivery needs of the potential audience.

If you've taken that important first step—planning, conducting, and reporting your needs assessment, now you should be sitting on a wealth of information. What do you do next? Your next step is to put that information to good use.

Typically, learner outcomes flow from the needs that you've identified and are developed into statements of the anticipated results of the CE program. Learner outcome statements may be broad in scope or narrow in focus. You may choose to write overall learner outcome statements for the entire series of CE programs or write narrower outcomes that focus on the results of one specific educational offering. Learner outcomes provide the basis for developing the specific content of the CE course, for deciding how the content will be presented, and provide a mechanism for judging outcomes and identifying needs for future planning.

Learner outcomes should be written in terms of benefits or outcomes to the learner in the course. Draves (1984) suggests writing objectives that combine behavior with content area. Examples of this approach include: "develop and demonstrate knowledge about (list content areas) ", "develop and demonstrate understanding of ___, and "develop and demonstrate skill in ____ ".

Ideally, learner outcome statements should:

- state exactly what the person is expected to do as a result of learning
- assist potential participants in determining if the CE course will address their learning needs
- identify observable responses expected of the person and tasks to be performed
- specify how the behavior will be demonstrated so that learning can be observed
- specify the quality of outcomes
• help faculty decide what to teach

Once learner outcomes are established, CE planners must choose the appropriate mechanisms to execute and accomplish these plans. Critical steps in this phase of planning include:

• deciding the format of CE delivery
• choosing faculty/instructors
• delineating the target audience
• selecting instructional materials
• determining length, dates, and specific timelines
• arranging for physical facilities
• developing marketing strategies
• determining learner assessment methods
• determine program evaluation processes
Appendix G Assessing Learning Outcomes

Examples of Learner Assessment Models

Providers are required to offer a mechanism in each course for learner assessment. Providers are also encouraged to incorporate a follow-up component in their assessment of participant learning. Learner assessment can be accomplished in a variety of ways from question-and-answer periods to practical application of acquired skills and knowledge. Learner assessment instruments may be specific to the course's learning outcomes and content, or may be more general in nature, depending on the course and the intended learning outcomes.

Examples of learner assessments are listed below. The learning outcomes affiliated with each assessment are identified to illustrate that one should select the assessment method most appropriate for the type and depth of learning to be achieved.

Self-Assessment of Learning

Learning Outcomes

Following participation in the Autism miniseminar, participants will be able to:

- State a variety of treatment options for children with autism.
- Describe Asperger Syndrome.

Learning Assessment

Circle the number that corresponds to the degree with which you agree with the following statements (1 = Strongly Agree, 2 = Agree, 3 = Neutral, 4 = Disagree, 5 = Strongly Disagree)

1. I can state 3 treatment options for children with autism. 1 2 3 4 5
2. I can describe Asperger Syndrome. 1 2 3 4 5

Formal Exam

Learning Outcomes

At the end of this acoustic immittance course, participants will be able to:

- Describe contralateral acoustic reflex pathway.
- Identify an abnormal acoustic immittance test result.
- Identify the tympanogram that is consistent with substantial negative middle ear pressure.
- Define immittance audiometry.
• Explain the consistency/inconsistency in a patient’s response one might find when viewing audiometric test battery results.

**Learning Assessment**

Answer the following questions drawing on information presented at the acoustic immittance course.

1. Describe the auditory system pathway.

2. List 3 or 4 inconsistent acoustic immittance test results.

3. What are some of the differences between a Type A, Type B, and Type C Tympanogram?

4. Define the following terms from the results of an audiometric test battery:
   • acoustic reflex
   • reflex decay
   • tympanogram

5. When viewing audiometric test battery results, what consistency/inconsistency in the patient’s response might you find?

**Pre-Post Test**

**Learning Outcomes**

At the conclusion of this Fiberoptic Endoscopic Examination of Swallowing (FEES) program, participants will be able to:

• State the risks, contraindications, and infection control procedures for the FEES exam.

• Follow protocols for administering a FEES exam.

• Implement and adapt the FEES protocol for different patient populations and settings.

**Learning Assessment**

Abbreviated Pre-Post Test Questions (please circle the best answer)

1. White out is due to
   A. Laryngeal elevation
   B. Base of tongue or velar/posterior pharyngeal wall contact
   C. Glottic closure
D. Cricopharyngeal opening

2. Proper positioning of the endoscope to identify pharyngeal delay requires that the tip of the scope be
   A. In the vallecular space
   B. Superior to the epiglottis
   C. In the pyriform sinus
   D. In the nasopharyngeal port

3. Equipment needed to perform FEES
   A. Light source, VCR, monitor, videotimer
   B. Strobe unit, camera, endoscope
   C. Light source, camera, VCR, monitor, endoscope
   D. None of the above

4. FEES is an effective tool to
   A. Assess pharyngeal swallow
   B. Assess benefit of therapeutic maneuvers
   C. Re-evaluate swallow function
   D. All of the above

5. Patients who are difficult to FEES
   A. Elderly patients
   B. Patients with diabetes
   C. Obese patients
   D. Agitated patients

6. The following are well visualized endoscopically
   A. Posterior pharyngeal wall, thyroid cartilage, posterior and anterior tracheal walls and base of tongue
   B. Posterior pharyngeal wall, hyoid, thyroid cartilage, glottis, posterior and anterior tracheal walls and base of tongue
   C. Posterior pharyngeal wall, glottis, anterior tracheal wall and base of tongue
D. Posterior pharyngeal wall, thyroid cartilage, glottis and base of tongue

7. Use of a topical anesthesia for a FEES exam
   A. Should be delivered only to the nares
   B. Can be administered by a SLP if this policy is approved by the institution
   C. Is likely to cause a localized allergic reaction in the nose if a patient is allergic to lidocaine (Lancet, 1971)
   D. All of the above

Clinical Practicum

Learning Outcomes

During the clinical practicum component of the PROMPT System training (Prompts for Restructuring Oral Muscular Phonetic Targets), participants must demonstrate the following in order to obtain PROMPT certification:

- Assess each client’s main speech system holistically using the Motor-Speech Hierarchy
- Decide on a treatment lexicon using the PROMPT approach
- Use appropriate and functional intervention procedures during two courses

Name of Client ______________________________ Age of Client ____________
Name of Clinician ____________________________________________________
Setting for videotape: a. clinic  b. school  c. home  d. other

Client Information Sheet

Answer the questions 1-8 on a separate sheet of paper.

1. Previous diagnosis or minimal explanation of condition:

2. Length in previous treatment:

3. Types of treatment used:

4. Goals of the first PROMPT session:

5. What do you feel you did correctly/successfully?

6. What do you feel you did not do correctly/successfully?
7. What would you do differently?

8. What do you feel you needed help with?

Circle the number that best describes your response to the following questions (1 is excellent and 5 is poor).

9. How did you do you first time?  1  2  3  4  5

10. At this point how did PROMPT work for you?  1  2  3  4  5

Client Intervention Motor Summary Sheet

Answer the questions 1 and 2 on a separate sheet of paper.

1. From observational and informal/formal evaluation, the client showed adequate and/or inadequate functioning of the following speech system parameters? (Please explain and include all systems.)

2. From the above information, it was decided to formulate goals based on:
   a. Parameters: (name & explain)
   b. Selected phonemes: (list & explain - no more than 10)
   c. Initial lexicon: (list & explain)

Client Intervention Session Self-Evaluation

Circle the number(s) that best describes your response to the following questions.

1. After viewing my session I felt I chose the parameters and phonemes correctly (circle one).
   a. yes  b. maybe  c. don't know

2. After viewing my session I would have changed (check all that apply):
   a. nothing
   b. parameters
   c. phonemes
   d. lexicon
   e. courses
   f. positioning and/prompting used

Comments:
Clinical Practicum Tape Review

Name of Reviewer: ___________________________ Date: ___________________________

Practicum: Complete Incomplete (re-do)

Overall Comments by Reviewer

For overall impression please refer to audiotape or written critique. All sections will be covered in order of presentation on this form with a final summary at the end of the tape/written material.

The following sections will be discussed and only the final rating will appear on this form. If you have any questions, please do not hesitate to call me.

1. Using the System Analysis Observation form, the clinician from the System
   a) accurately identified the motor Parameters (tone, phonation, jaw, facial, lingual, sequenced movement, prosody) to be focused on, and,
   b) shaded in and prioritized the stages of the Motor Speech Hierarchy to begin goal selection.
   
   *(Information will be evaluated based on the spontaneous tape sample, System Analysis Observation and Prompt Treatment Hierarchy model)*

   excellent satisfactory incomplete
   1  2  3  4  5

   Comments:
   Refer to audiotape review

2. The clinician accurately chose motor/phoneme units (sounds), which could be used to create an initial lexicon of CVs, VCs and CCs, and could be used functionally in a course.

   excellent satisfactory incomplete
   1  2  3  4  5

   Comments:
   Refer to audiotape review

3. The clinician demonstrated a basic use of prompting e.g. Parameter, Complex or Surface, with the client that was appropriate given the: a) units chosen, b) lexicon created, and (c) course planned.
4. From observation, the clinician was able to establish an environment that supported:
   a) appropriate positioning (physical, closeness, handling).
   b) appropriate developmental interaction (cognitive, social, pragmatic).

   (All areas to be evaluated in a "play-like" or course format).

   Comments:
   Refer to audiotape review

   ASHA Continuing Education staff offer technical assistance to Providers developing learning assessment procedures. Providers are encouraged to contact their Manager, CE Provider Services for additional information to improve the development of their customized assessment techniques.

   Examples used are adapted with permission from learning assessments developed by the following ASHA Approved CE Providers:
   • Department of Veterans Affairs/Audiology Speech Pathology
   • Hearing Health International Institute
   • The PROMPT Institute
   • Wisconsin Speech-Language-Hearing Association
Appendix H Program Evaluation
Examples of Program Evaluation Models

Improvement of continuing education (CE) courses depends on feedback from all participants as well as feedback from planners and instructors. All program components should be evaluated from the needs assessment process through the development of learning outcomes, selection of instructors, and design and implementation of the program. As a major component of program evaluation, planners typically gather feedback from course participants. Four key categories of program evaluation that are typically included in instruments directed toward participants are:

- Course Content
- Instructor Effectiveness
- Teaching Aids
- General Implementation of the CE Course

Under each category, examples of evaluation items have been provided. Note that evaluation items may be in the form of statements with ratings, open- or close-ended questions, or a combination of methods. Providers may choose from these examples or generate alternate items that are more appropriate to their specific CE course.

The following rating scale is recommended when having participants rate statements: (1) Strongly Agree, (2) Agree, (3) Neutral, (4) Disagree, (5) Strongly Disagree.

Course Content

- The content of this course was consistent with my prior expectations. (1) (2) (3) (4) (5)
- The level of difficulty of this course was appropriate. (1) (2) (3) (4) (5)
- The topic(s) covered reflected my professional needs. (1) (2) (3) (4) (5)
- What learning outcomes other than those presented should have been included in this course?
- Did the course meet our expectations? Yes No
- If not, what expectations were not met?
- If another continuing education course/course were scheduled, I would like to attend a course that addressed the following issues:
In my job, the most pressing need I have is for information about...

I could do my job better if I had the following skills...

**Instructor Effectiveness**

(Note: Evaluation items should be repeated for each instructor, if there are multiple presentations.)

- The instructor used the allotted time efficiently.  
  \[(1) (2) (3) (4) (5)\]

- The instructor's style of presentation was conducive to learning  
  \[(1) (2) (3) (4) (5)\]

- The instructor made good use of examples and illustrations  
  \[(1) (2) (3) (4) (5)\]

- The instructor demonstrated a thorough knowledge of the subject matter  
  \[(1) (2) (3) (4) (5)\]

- The instructor helped me achieve the desired learning outcomes  
  \[(1) (2) (3) (4) (5)\]

- I would enjoy taking another course from this instructor.  
  \[(1) (2) (3) (4) (5)\]

**Comments:**

- What were the strengths of the instructor and his or her method of presentation?
- What could the instructor do to improve his or her method of presentation?

**Teaching Aids**

- The teaching aids used during this course (slides, audiotapes, videotapes, handouts, computer assisted instruction) were appropriate and helped me achieve the learning outcomes  
  \[(1) (2) (3) (4) (5)\]

**Recommendations:**

**General Implementation of CE Course**

- There was sufficient advance notice of this course.  
  \[(1) (2) (3) (4) (5)\]

- The target audience was described adequately during advance publicity relative to type and level of expertise.  
  \[(1) (2) (3) (4) (5)\]

- The scheduling of this course (time, day, month) was convenient.  
  \[(1) (2) (3) (4) (5)\]

- The time allotted for the content covered in this course was appropriate.  
  \[(1) (2) (3) (4) (5)\]
• The physical facilities for this course (size of room, lighting amplification, temperature, etc.) were conducive to learning.  
  (1) (2) (3) (4) (5)

• The registration fee for this course was appropriate.  
  (1) (2) (3) (4) (5)

• The cost of meals and accommodations, if any, was appropriate.  
  (1) (2) (3) (4) (5)

• Requirements for successful completion of the course were clearly specified.  
  (1) (2) (3) (4) (5)

• What were the major strengths and/or features that you liked about this course?  

• What were the major weaknesses and/or questionable features of this course?  

• How could this course have been improved?  

• Are there any other comments or criticisms that you would like to make concerning this course?  

• In the future, how could CE courses be publicized?  

• Recommendations for future CE courses:  

  Use your program evaluation tools to gather needs assessment information that might be used for future program planning. Examples of sample needs assessment items include:  

  1. Please list the five most critical problems you face every day on your job.  

  2. If you were to attend some professional development programs designed to assist you with your everyday management problems, please list topics you would like to see addressed.  

  3. What are the things you like the most about your job?  

  4. If you could make any changes in this organization you wanted in order to help the organization become better, please list what they would be.  

  5. If you could give a friend advice over lunch regarding planning some in-house professional development programs for this organization, what would it be?  

  6. What do you see as the most pressing problems your colleagues face in the organization?  

  7. Ask for additional comments.
ASHA Continuing Education staff offer technical assistance to Providers developing program evaluation methods and procedures. Providers are encouraged to contact their Manager, CE Provider Services for additional information to improve the development of their customized program evaluation techniques.
Appendix I Subject Codes
Directions: Identify the subject code heading (example: 1030 Motor Disorders of Speech) that best describes the majority of the course’s content. Review bullets below the subject code heading. Keep in mind that the bullets are examples of content appropriate for the subject code, but the list is not exhaustive or all-inclusive.

1010 Fluency Disorders (e.g., stuttering, cluttering)
- Prevention of fluency disorders
- Theoretical models of fluency and fluency disorders
- Development of fluency in individuals with and without disorders
- Genetic, cognitive, psychological, linguistic, and cultural factors related to fluency and fluency disorders
- Assessment and intervention issues related to fluency disorders, including computer-based and other instrumentation for assessment and treatment of fluency disorders
- Physiological, neurological, acoustic, and perceptual components impacting fluency and fluency disorders
- Treatment/counseling approaches for individuals with fluency disorders and their families
- Education and training issues specific to fluency
- Effects of various communication disorders on speech fluency (i.e., concomitant factors)
- Basic, translational, applied, or implementation research related to fluency development or disorders
- Multicultural and/or cross-linguistic issues related to the prevention, assessment and treatment of fluency disorders
- Interprofessional education and interprofessional practice in fluency disorders

Area: Professional

1020 Voice Disorders
- Prevention of voice disorders
- Assessment and intervention issues related to resonance and voice disorders
- Assessment and intervention issues in disorders of resonance and voice resulting from structural (e.g., craniofacial anomalies, cleft palate), trauma, neurogenic disease (e.g., Parkinson’s disease), syndromes or functional deficits (e.g., velopharyngeal insufficiency, vocal abuse, persistent or chronic cough, laryngospasm, hypernasality, hyponasality, forward focus, and cul-de-sac resonance))
- Voice problems of the professional voice user; assessment and intervention
- Alaryngeal speech, laryngectomy, and laryngectomee rehabilitation including esophageal speech, tracheoesophageal puncture, and use of the artificial larynx
- Communication needs and management of the patient who has a tracheostomy or is ventilator dependent
- Assessment and treatment of voice and resonance disorders through the use of instrumentation and computer technology (acoustic, aerodynamic, endoscopic)
1020 Voice Disorders (continued)

- Assessment and intervention methods that incorporate body positioning, neuromuscular manipulation and sensory input to provide positional stability and functional mobility to support respiration and phonation
- Voice and resonance disorders related to aging
- Assessment and management of special populations (e.g.; singers, occupational voice, transgender/transsexual clients)
- Assessment of laryngeal biomechanics in normal and abnormal phonation
- Assessment and intervention related to activity/participation limitations or restrictions resulting from resonance or voice disorders (e.g., need to cancel speaking engagements due to chronic hoarseness; missing cheerleading practice because of concerns with vocal abuse, business communication)
- Multicultural and/or cross-linguistic issues related to the prevention, assessment and/or treatment of resonance disorders, voice disorders and alaryngeal speech
- Interprofessional education and interprofessional practice in voice disorders

Area: Professional

1030 Motor Disorders of Speech

- Speech motor control impairments (genetic and acquired)
- Assessment and intervention issues related to dysarthria and oral motor dysfunction
- Assessment and intervention of childhood apraxia of speech or acquired apraxia of speech
- Motor speech disorders associated with genetic, infectious, neurogenic, or rare conditions
- Developmental disorders in motor speech control
- Orofacial myofunctional disorders as related to motor speech control
- Oral sensory difficulties, which affect saliva control, articulatory placement, speech production and intelligibility
- Intervention methods, including body positioning, neuromuscular manipulation and sensory input to provide positional stability and functional mobility to support effective oral communication
- Intervention methods, including the principles of motor learning and neuroplasticity
- Assessment and intervention (including counseling) related to activity/participation limitations or restrictions resulting from motor speech impairment (e.g., quality of life, avoidance of social situations)
- Instrumental/objective assessment of motor speech disorders
- Prevention of and early intervention related to, education, or advocacy for motor speech disorders
- Education about or advocacy related to motor speech disorders
- Etiologies of motor speech disorders (genetics and syndromes)
- Motor speech disorders and aging
- Pharmacological, surgical or behavioral interventions in motor speech disorders
1030  Motor Disorders of Speech (continued)

- Multicultural and/or cross-linguistic issues related to prevention, assessment and treatment of motor speech disorders
- Interprofessional education and interprofessional practice in motor speech disorders

*Area: Professional*

1040  Swallowing and Swallowing Disorders (Dysphagia)

- Development of swallow skills and prevention of dysphagia
- Assessment and intervention issues related to swallowing and swallowing disorders
- Clinical instrumentation and application (e.g., fluoroscopic swallowing evaluation, FEES, endoscopy)
- Normal/typical oral function for feeding, nutrition and swallowing across the life span
- Orofacial myofunctional disorders as related to swallowing issues
- Aerodigestive tract function disorders as related to swallowing issues
- Swallowing disorders related to medical management (radiation, medications, surgery)
- Development of oral motor feeding and swallowing skills including nutrition and management of sensory-based feeding disorders (e.g.; “picky eaters”)
- Assessment and intervention of feeding disorders associated with neurological, motoric, cognitive or psychological factors
- Swallowing issues related to special populations (tracheostomy, ventilator dependent)
- Assessment and intervention (including counseling) related to activity/participation limitations or restrictions resulting from swallowing disorders (e.g., quality of life, avoidance of social situations)
- Multicultural and/or cross-linguistic issues related to prevention, assessment and treatment of swallowing disorders
- Interprofessional education and interprofessional practice in swallowing and swallowing disorders

*Area: Professional*

1050  Autism Spectrum Disorders (ASD)

- Characterization of language, speech, and social-communication in ASD including deficits in self-regulation
- Theoretical models of ASD
- Etiologies of ASD and the association between ASD and related conditions (ADHD, sensory integration deficits)
- Describing the autism phenotype
- Prevalence of ASD
- Neurobiology of ASD
- Auditory, cognitive, and sensory processing issues in ASD
- Screening, diagnosis and assessment issues in ASD

1050 Autism Spectrum Disorders (ASD) (continued)
- Treatment approaches for children and adults with ASD, including comparisons of treatment approaches, ABA approaches, AAC, social stories, animal-assisted therapy, music therapy, yoga, etc.
- Assessment and treatment of reading and written language problems in children with ASD
- Technological innovations for individuals with ASD
- Efficacy and effectiveness of assessment and treatment of ASD
- Syntheses of evidence for interventions used with individuals with ASD
- Family issues in ASD including psychosocial impact; counseling approaches with families
- Policy, regulatory and program administration issues specific to ASD
- Personnel preparation and professional development for serving individuals with ASD
- Supervision in ASD assessment and treatment
- Public awareness of ASD
- Developmental characteristics and trajectories of children with ASD
- Adaptation and functioning across the lifespan in ASD
- Transitioning from high school to post-secondary education for students with ASD
- Transitioning from school to employment for individuals with ASD
- Diagnosis and identification of ASD related to cultural differences
- Multicultural and/or cross-linguistic issues in prevention, assessment and treatment of ASD including working with families from culturally and/or linguistically diverse backgrounds with children with ASD
- Interprofessional education and interprofessional practice related to ASD

Area: Professional

1060 Traumatic Brain Injury (TBI)

Note: Subgroups of the population include but are not limited to individuals with post-concussion syndrome, mild TBI, moderate or severe TBI, chronic traumatic encephalopathy, veterans, military service personnel, elderly with TBI, pediatric TBI, etc.
- Speech, language and cognitive-communication assessment and treatment that includes but is not limited to, cognitive-communication rehabilitation therapy, care-provider education and support, rehabilitation across the continuum of care (acute to community), interdisciplinary management, behavioral management, use of technology, etc.
- Service delivery models, including school-based programs, intensive care unit services, inpatient and outpatient rehabilitation, community support groups, transitional programs, vocational programs, etc.
- Differential diagnosis and management of individuals with TBI and comorbidities, e.g., balance and dizziness, mental health issues, PTSD, visual and hearing impairments, learning disabilities, sleep disorders, etc.
• Reimbursement issues related to TBI
• Management of swallowing disorders after TBI
• Language, speech and hearing assessment, intervention, and support for children with traumatic brain injury
• Multicultural and/or cross-linguistic issues in prevention, assessment and treatment of TBI
• Interprofessional education and interprofessional practice related to TBI

Area: Professional

1070 Communication Sciences (Speech-Language and Hearing Sciences across the Lifespan)

• Neuroscientific advances with implications for communicative impairment
• Neural correlates of typical production and perception (e.g., speech motor control)
• Neural plasticity related to speech, language, cognition, and hearing
• Instrumentation for analysis of hearing, speech, respiration and swallowing including signal processing, neural imaging, modeling, ultrasound and biofeedback
• Genetic basis of communication development and disorders (hearing, speech, language)
• Theories and models of speech production and perception including animal models
• Pedagogy in speech, language, and hearing science
• Educational and professional issues associated with communication sciences
• Interprofessional education and interprofessional practice related to communication sciences
• Multicultural and/or cross-linguistic issues related to communication sciences

Hearing science

• Acoustics and psychophysics
• Acoustic calibration and national/international standards
• Animal models of hearing science
• Vestibular/balance science
• Assessment of vestibular function
• Assessment of balance function
• Speech perception and acoustics
• Hearing conservation and prevention
• Models of hearing development and use across the lifespan
• Models of vestibular development across the lifespan

Speech/language science

• Psycholinguistics of language in school-age children and adolescents
• Cognitive-communication foundations of language development and use
• Language, metalinguistic and/or cognitive-communication development of school-age children and adolescents
• Comparisons of the behaviors of groups with and without speech, language and hearing disorders
Communication Sciences (Speech-Language and Hearing Sciences across the Lifespan) (continued)

- Normal acquisition and study of speech/language processes: spoken, written and signed language
- Theories and models of language and its disorders
- Second language learning and use in adults and children: speech, language and hearing implications
- Theoretical models of language development and use across the lifespan
- Models of typical speech development through the lifespan (i.e., typical acquisition and age-related changes through senescence)

Area: Basic Communication Processes or Related

Cleft Lip/Palate, Velopharyngeal Dysfunction, and Related Craniofacial Anomalies

- Translational, applied, or implementation research related to speech/resonance disorders in cleft lip/palate, velopharyngeal dysfunction (VPD), and related craniofacial anomalies
- Evaluation and management of resonance and speech disorders related to cleft lip/palate, VPD, craniofacial anomalies, and related syndromes
- Language disorders in populations with craniofacial anomalies
- Early intervention for children with cleft lip/palate, craniofacial anomalies, and related syndromes
- Feeding issues related to cleft lip/palate, craniofacial anomalies, and related syndromes
- Treatment, efficacy, and speech outcomes for cleft palate, VPD, and related craniofacial syndromes
- Role of technology for assessment and treatment of cleft-related speech and resonance disorders, including nasopharyngoscopic and videofluoroscopic evaluation of velopharyngeal function for speech
- Administrative and regulatory issues related to cleft lip/palate, VPD, and craniofacial anomalies
- Perceptual issues associated with the assessment of speech in populations with cleft lip/palate and VPD
- Treatment of speech sound disorders and resonance disorders in children with cleft palate and velopharyngeal dysfunction
- Implementation of evidence-based practice when selecting evaluation and management techniques for populations with cleft/lip palate, VPD, and/or craniofacial anomalies
- Psychosocial issues in cleft lip and palate and related craniofacial disorders
- Multicultural and/or cross-linguistic issues related to the prevention, assessment and/or treatment of cleft lip/palate and other craniofacial anomalies
- Interprofessional education and interprofessional practice in cleft lip/palate and other craniofacial anomalies

Area: Professional
3010 Developmental Language Disorders

- Prevention, education, or advocacy in the area of language disorders including pre-, peri- and postnatal risk factors
- Distinguishing language differences from disorders may include psychometric properties of instruments designed to measure language abilities or changes in spoken or written language to include standardized testing and/or screening measure and monitoring of progress
- Diagnosis and treatment of comprehension and production deficits in the areas of language form, content and use
- Intervention techniques and methodologies
- Research related to processing disorders and etiologies of children's language disorders
- Assessment and intervention issues related to the development of emerging literacy and literacy skills to support educational curriculum
- Assessment and intervention of associated disorders of reading, writing, spelling, narrative discourse, and math literacy (semantics and syntax associated with mathematics)
- Language assessment and intervention for individuals with hearing disorders
- Assessment and treatment issues related to auditory processing disorders (APD)
- Assessment and treatment issues related to sensory integration disorders
- Language intervention and assessment for individuals with developmental disabilities and/or for individuals with co-morbid disorders (psychiatric, genetic, maltreatment, attention deficit disorders (ADD), attention deficit hyperactivity disorders (ADHD), etc.)
- Assessment and treatment of individuals who are bilingual or are English language learners and have a language disorder
- Assessment and intervention related to activity/participation limitations or restrictions resulting from language disorders that negatively impact quality of life
- Prevention, education, or advocacy in the area of language disorders
- Etiologies of language disorders and language-learning disabilities
- Transition planning for school-age children and adolescents with language disorders
- Family centered practice for clients with language disorders
- Counseling and intervention for families and care-givers of children with language disorders
- Use of technology to support language learning in individuals with language disorders
- Administrative and regulatory issues related to language and learning in school-age children and adolescents including but not limited to Response to Intervention and facilitating achievement of Common Core Standards
- Assessment and treatment issues related to executive function skill deficits
3010 Developmental Language Disorders (continued)
- Multicultural and/or cross-linguistic issues related to language development, and the prevention, assessment and intervention of language disorders
- Interprofessional education and interprofessional practice issues related to developmental language disorders

Area: Professional

3015 Language Disorders in Infants and Toddlers (Early Intervention)
- Developing language systems in oral and/or alternative modes by young children, including children from culturally and linguistically diverse backgrounds
- Social and cognitive bases of communication and language acquisition in young children including prelinguistic milestones such as joint intention, joint action and intentionality
- Social and cognitive bases of communication and language acquisition in young children
- Comparisons of communication and language abilities of young children with typical and atypical language
- Prevalence of developmental language disorders in infants and toddlers
- Preventive services provided to infants and toddlers at risk for language disorders, and/or to families/caregivers
- Screening, evaluation and/or treatment for developmental language disorders in infants and toddlers
- Etiologies of children's language disorders (including hearing loss, genetics) and the association with related conditions
- Issues regarding service delivery models for infants and toddlers
- Issues related to family systems and natural environments for infants and toddlers
- Personnel preparation issues specific to language in infants and toddlers
- Supervision in language assessment and intervention
- Psychological/psychosocial impact of early childhood language disorders on children and their families; counseling for families
- Administrative and regulatory issues related to language disorders in infants and toddlers
- Multicultural and/or cross-linguistic issues related to language development, and the prevention, assessment and intervention of language disorders in infants and toddlers
- Interprofessional education and interprofessional practice related to infants and toddlers with language disorders

Area: Professional
3030 Aphasia and Other Acquired Neurogenic Disorders of Language and Cognition (excluding Traumatic Brain Injury)

- Assessment and intervention issues related to aphasia and other acquired neurogenic disorders of language and cognition in adults (e.g., right hemisphere syndrome, prefrontal damage, dementia, aging, early Alzheimer’s disease, mild cognitive impairment, progressive neurological diseases and syndromes resulting in language and/or cognitive communicative disorders)
- Instrumentation for assessment and treatment of neurogenic and cognitive-communicative disorders in adults including computer-based programs
- Assessment and intervention issues related to executive function
- Pharmacological, surgical, behavioral, environmental and other interventions related to treatment planning and implementation
- Genetic, infectious, neurogenic, and rare conditions or diseases affecting language
- Psychosocial impact of adult language disorders on clients and their families; counseling approaches to treatment for clients and their families
- Multicultural and/or cross-linguistic issues related to the prevention, assessment and intervention of acquired language disorders
- Interprofessional education and interprofessional practice related to aphasia and other acquired neurogenic disorders of language and cognition

Area: Professional

3040 Augmentative and Alternative Communication (AAC)

- Assessment and intervention issues related to augmentative and alternative communication (AAC) across multiple environments for both developmental and acquired disabilities
- Assessment and treatment issues related to communication system selection and development (i.e., symbol selection and vocabulary development), physical processes (motoric capabilities, physical access, plan for use) and related equipment (e.g., seating and mobility products, system mounting devices, access switches) that support the use of AAC across communication contexts
- Methods regarding the development and use of assistive technology (e.g., communication boards, dedicated electronic AAC systems, computers and software to facilitate and enhance language skills among communication partners across environments); use of mobile technologies
- Operational instruction pertaining to specific AAC devices and assistive technology equipment, which support the development and enhancement of communication skills in individuals with a variety of cognitive, motoric, language and speech disorders; comparisons of AAC devices
- Assessment and intervention related to activity/participation limitations or restrictions resulting from severe speech and language disorders (e.g., using AAC systems in school but not at home; communicating with few communication partners, such as familiar adults but not peers)
- Inclusion of AAC users in education, work, and community life; transition planning
- Psychosocial impact/issues/treatment related to the need for AAC
3040  **Augmentative and Alternative Communication (AAC) (continued)**

- Multicultural and/or cross-linguistic issues related to the development and use of augmentative and alternative communication modalities and technologies
- Interprofessional education and interprofessional practice related to AAC

*Area: Professional*

3050  **Phonology/Articulatory Disorders**

- Assessment and intervention issues related to phonological/articulatory disorders
- Impact of auditory disorders on phonological/articulatory skills
- Distinguishing developmental phonological processes and differences from disorders
- Phonological and/or articulation disorders in special populations (e.g., individuals with craniofacial anomalies, individuals with Down syndrome, cerebral palsy, neurogenic disorders)
- Assessment and treatment of phonological aspects of reading, spelling and writing disorders resulting from congenital and structural deficits (e.g., craniofacial anomalies) trauma, neurogenic disease, or functional impairments
- Impact of phonological/articulatory disorders on children’s activity and participation
- Prevention of phonology/articulatory disorders in children
- Methods of service delivery for children with phonology/articulatory disorder
- Instrumentation used to facilitate phonological and articulatory productions
- Phonological awareness and literacy in relation to phonology/articulatory disorders in children
- Multicultural and/or cross-linguistic issues related to prevention, assessment and treatment of phonology/articulatory disorders
- Interprofessional education and interprofessional practice in the area of phonology/articulatory disorders

*Area: Professional*

5010  **Audiologic Assessment**

- Prevalence of hearing impairment and auditory dysfunction
- Standardization of clinical test procedures
- Clinical diagnosis including:
  - Hearing impairment
  - Vestibular impairment
  - Auditory processing impairment
- All diagnostic testing procedures
- Calibration in clinical procedures
- Interoperative monitoring
- Applied studies in:
  - Electronystagmography
  - Electroneurography
5010  Audiologic Assessment (continued)
  o  Posturography
  o  Auditory evoked potentials
  o  Otoacoustic emissions
  o  Electrocochleography
  •  Medical considerations related to audiologic assessment
  •  Screening, identification and prevention of hearing loss protocols and procedures
  •  Multicultural and/or cross-linguistic issues related to audiologic assessment
  •  Interprofessional education and interprofessional practice related to audiologic assessment

Area: Professional

5020  Audiologic Habilitation/Rehabilitation
  •  Communication issues in individuals with hearing disorders including auditory processing disorders
  •  Habilitation/rehabilitation strategies for individuals with hearing disorders including auditory processing disorders
  •  Educational issues related to children with hearing disorders including auditory processing disorders
  •  Habilitation/rehabilitation techniques for individuals using:
    o  Hearing aids
    o  Tactile aids
    o  Implantable devices
    o  Cochlear implants
    o  Auditory trainers
    o  Assistive listening devices
  •  Vestibular rehabilitation
  •  Tinnitus treatment
  •  Cerumen management
  •  Medical considerations related to audiologic rehabilitation, impact of hearing loss, tinnitus, balance disorders on psychosocial, vocational and family functioning
  •  Communication options including manual communication and cued speech
  •  Counseling strategies and goals with families
  •  Advocacy issues for clients and families
  •  Multicultural and/or cross-linguistic issues related to aural habilitation and rehabilitation
  •  Interprofessional education and interprofessional practice related to intervention programming and goals

Area: Professional

5030  Hearing Assistive Technology
  •  Selection, evaluation, orientation and follow-up, electroacoustic measurements, programming and maintenance with:
    o  Hearing aids
Cochlear implants

5030  Hearing Assistive Technology (continued)
- Bone anchored hearing aids
- Implantable devices
- Auditory trainers
- Assistive listening devices
- Signaling devices
- Classroom systems

- Determination of candidacy, selection, verification, validation, orientation and follow-up related to electroacoustic assessments
- Multicultural and/or cross-linguistic issues related to hearing assistive technology
- Interprofessional education and interprofessional practice related to hearing assistive technology

Area: Professional

5040  Industrial Audiology/Hearing Conservation
- All components of industrial audiology conservation programs
- All components of hearing conservation and/or prevention programs
- Noise measurement and control techniques
- Current and proposed standards
- Multicultural and/or cross-linguistic issues related to industrial audiology and hearing conservation
- Interprofessional education and interprofessional practice related to industrial audiology/hearing conservation

Area: Professional

7010  Service Delivery Associated with Speech/Language/Swallowing and Hearing
- Issues related to:
  - Establishing prevention or screening programs for speech, language, swallowing and hearing disorders
  - Inclusive practices (e.g., school, work, and community settings, as well as service delivery models appropriate for private practices, university clinics, hospitals, SNFs, corporate management and schools)
  - Effects of pharmacology on service delivery (not covered under a specific communication disorder)
  - Telepractice/telemedicine as a practice mode
  - Caseload or workload management
  - Effect of managed care on quality of patient care
  - Counseling techniques and application
  - End-of-life issues
- Speech/language/swallowing/hearing services related to total patient/student care
- Patient/student-centered, family-centered service delivery
- Incorporation of accommodations/adaptations for delivery of services
7010 Service Delivery Associated with Speech/Language/Swallowing and Hearing (continued)

- Research projects related to efficacy of service delivery methods including issues related to outcome measures; these can be, but are not relegated to studies comparing models of service delivery
- Multicultural and/or cross-linguistic issues related to service delivery
- Interprofessional practice and interprofessional education methods and issues related to service delivery

Area: Professional or Related

7015 Preprofessional Preparation Associated with Speech/Language/Swallowing and Hearing

- Pedagogy, andragogy and adult learning strategies
- Educational models of learning, assessment and instruction
- Course design and development – theory and strategies
- Skills related to planning, conducting and interpreting clinical research activities
- Skill development in effective presentation of information to clients, families, professionals in related fields and colleagues
- Education in the principles and implementation of evidence-based practice
- Professional, ethical and legal issues
- Education in locating and applying for sources of funding and grants
- Evidence/outcome measures of student learning and documentation of acquisition of CFCC competencies and state/regional credentialing requirements
- Assessment of academic and clinical teaching
- Multicultural and/or cross-linguistic issues related to preprofessional preparation/education
- Interprofessional education and interprofessional practice issues related to preprofessional preparation/education

Area: Professional or Related

7020 Education and Training Issues Associated with Speech/Language/Swallowing and Hearing

- Clinical instruction and education
- Recruitment and retention of professionals into the fields of speech-language pathology and audiology
- Education for expert witnesses in speech/language/swallowing/hearing
- Skill development in effective presentation of information to clients, students, families, caregivers
- Continuing education, continuing competency issues
- Grant writing specific to speech/language/swallowing/hearing
- Business practices and marketing issues directly related to clinical service delivery
- Skills related to planning, conducting and interpreting research activities
- Education in the principles and implementation of evidence-based practices
7020 Education and Training Issues Associated with Speech/Language/Swallowing and Hearing (continued)

- Use of simulation labs, standardized and virtual patients
- Curricular development
- Accreditation and reaccreditation standards
- Distance learning/on-line education
- Multicultural and/or cross-linguistic issues related to education and training issues
- Interprofessional education and interprofessional practice issues related to education and training

*Area: Professional or Related*

7025 Regulatory Issues Associated with Speech/Language/Swallowing and Hearing

- Governmental and regulatory issues associated with patient care
- Implementation and compliance issues related to patient and student privacy rights
- Governmental and regulatory issues associated with the practice of audiology and speech-language pathology
- Issues related to licensing and credentialing
- Regulatory and reimbursement issues including documentation, coding, billing, and reimbursement for all service delivery methods
- Implementation and compliance issues related to legislation (e.g., universal newborn hearing screening, individualized education plans, Common Core, etc.)
- Skill development in advocacy related to speech/language/swallowing/hearing regulatory issues
- Program evaluation and management issues related to healthcare industry accreditation
- Multicultural and/or cross-linguistic issues related to regulatory issues
- Interprofessional education and interprofessional practice issues regulatory issues

*Area: Professional or Related*

7030 Cultural and Linguistic Diversity in Education, Training, Service Delivery, and Public Policy Associated with Speech/Language/Swallowing and Hearing

- Accent/dialect modification
- Bilingual and bi-dialectal assessment and treatment issues
- Issues in second-language or second dialect acquisition
- Determination of communication differences versus communication disorders
- Development and assessment of non-biased assessment tools and treatment programs
- Professional issues in clinical service delivery in speech, language and/or hearing to culturally and linguistically diverse populations and their families (for both children and adults) including internationally adopted children and individuals with ability- diverse differences
7030 Cultural and Linguistic Diversity in Education, Training, Service Delivery, and Public Policy Associated with Speech/Language/Swallowing and Hearing (continued)

- Understanding the potential impact on service delivery of cultural differences in terms of race, ethnicity, age, socioeconomic status, sexual orientation, religion, gender, etc.
- General communication issues associated with gay, lesbian, transgender and bisexual populations
- Use of cultural mediators, translators and interpreters in assessment and treatment of speech-language, swallowing and hearing disorders
- Cultural and/or linguistic competence of professionals (pre-service and in-service) providing professional services with diverse groups
- Administrative and regulatory issues and considerations related to multicultural/cross-linguistic and diversity issues
- Issues in education of diverse professionals
- Recruitment, retention, graduation and career placement of diverse faculty and students in the professions of speech-language pathology and audiology.
- General professional issues related to cultural and linguistic diversity in speech/language/swallowing/hearing
- Interprofessional education and interprofessional practice related to issues of cultural and linguistic diversity

Area: Professional or Related

7040 Psycho-social Issues Associated with Speech/Language/Swallowing and Hearing Assessment and Intervention

- Interrelationships between communication and socio-emotional development as well as psychiatric disorders
- Socio-emotional functioning related to communication contexts
- Co-occurrence of communication and emotional-behavioral disorders (including but not limited to selective or elective mutism, obsessive compulsive disorder, Tourette’s Syndrome, oppositional disorder)
- Communication disorders as they relate to secondary emotional, behavioral and learning problems
- Service delivery models for prevention or treatment of communication and socio-emotional difficulties
- Behavioral management programs implemented prior to or along with speech, language, swallowing and/or hearing services including but not limited to psychopharmacology and neuropharmacology, specific to communication and socio-emotional problems
- Behavior management programs implemented with individuals in the absence of communication disorders
• Treatments that focus on “picky” or “problem” eaters when there is an absence of signs of dysphagia, oral-motor, or planning (“apraxia”) disorders.

7040 Psycho-social Issues Associated with Speech/Language/Swallowing and Hearing Assessment and Intervention (continued)

• Services/treatments to foster healthy communication, social and emotional development within varied environments
• Speech-language-hearing treatment and enhancement activities that foster socio-emotional growth, learning strengths, learning and learning styles within varied environments
• Emotional-psychological, psychosocial issues of caregivers of persons with communication disorders and associated disorders
• Multicultural and/or cross-linguistic issues related to psychosocial issues and communication skills
• Interprofessional education and interprofessional practice related to prevention, assessment and treatment of psycho-social issues associated with communication disorders

Area: Professional or Related

7050 Leadership and Management in Professional Practice Settings and Preprofessional Training Programs

• Organizational structure and communication systems within a speech-language pathology and/or audiology setting
• Models of management and leadership development and their application to a speech-language pathology and/or audiology setting
• Identifying leadership and management styles in personnel and alignment in job/task assignment/performance
• Role transition from an employee to a manager within a speech-language pathology and/or audiology setting
• Integrating mission statements, vision statements, scope of practice issues, and daily management activities in a speech-language pathology and/or audiology setting
• The integration of professional ethics, business ethics, and the ASHA Code of Ethics
• Issues related to personnel management such as interviewing, hiring, retention, employee performance documentation, conducting employee performance reviews and termination in a speech-language or audiology setting
• Issues related to budget development and management
• Measuring competencies and alignment of job responsibilities in the speech-language pathology and/or audiology setting
• Acquisition of skills related to marketing and promotional techniques
• Adherence to employment law (i.e., sexual harassment, HIPAA, OSHA, ADA, etc.)
• Leading and managing in an interprofessional practice environment
• Multicultural and/or cross-linguistic issues related to leadership and management
• Interprofessional education and interprofessional practice related leadership and management

*Area: Professional or Related*

**7060 Patient/Client Safety and Prevention of Medical Errors**

• Understanding, preventing, reporting medical errors
• Preventing, identifying, understanding and reporting human trafficking
• Preventing, identifying, understanding and reporting domestic violence
• Preventing, identifying, understanding and reporting patient abuse and/or neglect (sexual, emotional, physical abuse or neglect)
• Preventing, identifying, understanding and reporting mental health concerns of client/patients (i.e., drug/alcohol abuse, eating disorders, anxiety, depression, etc.)
• Error reduction and prevention strategies
• Documentation related to intake, progress notes and discharges
• Risk management
• OSHA compliance in the therapy setting
• Pharmacological side effects pertinent to assessment and intervention
• Universal precautions, infection control
• Training in instrumentation use (endoscopy)
• CPR, Basic Life Support certification
• Communication strategies to improve patient compliance
• Communication with medical caregivers (resulting in improved patient compliance)
• Health care literacy
• Multicultural and/or cross-linguistic issues related to patient safety and prevention of medical errors
• Interprofessional education and interprofessional practice related patient safety and prevention of medical errors

*Area: Professional or Related*

**7070 Ethics and Ethical Decision-Making**

• Ethical/moral development
• Ethical theories and models
• Values, character, morals and ethics
• Professionalism, Interprofessional professionalism
• Interprofessional collaboration and ethics
• Codes of ethics, interpretation, application
• Understanding codes of ethics; preventing ethical violations; reporting violations, whistle-blowing
• Ethical decision-making; models and methods of ethical decision-making
• Reflection and ethical decision-making
• Ethics and patient/student care
• Ethics and relationships with patients/students and family members
• Ethics and research, human subjects
• Managing your practice in an ethical way; ethics and practice management
• Ethics related to multicultural issues, cultural competence, diversity

7070  Ethics and Ethical Decision-Making (continued)
• Ethical issues related to business, administration, leadership, supervision, student/faculty relationships
• Representation of services, competency
• Confidentiality, conflicts of interest, competition, competence, boundary issues
• Ethics related to advertising; marketing; social media
• Ethical considerations and decision-making as it applies to a specific disorder or treatment
• The integration of professional ethics, business ethics, and the ASHA Code of Ethics in professional practice settings
• Multicultural and/or cross-linguistic issues related to ethics and ethical decision making
• Interprofessional education and interprofessional practice related ethics and ethical decision making

Area: Professional or Related

7080  Supervision and Clinical Education
• Knowledge and skills specific to clinical educators of undergraduates, graduate students, preceptors of audiology externs, mentors of clinical fellow in speech-language pathology, supervisors of support personnel, and supervisors of individuals transitioning to a new area of practice or reentering the profession
• Ethical issues related to supervision, supervisor/supervisee relationships
• Supervisory processes and clinical education including collaborative models of supervision, adult learning styles, teaching techniques, roles and responsibilities of supervisor and supervisee
• Research/evidence-based practice in supervision and conveying that information/analysis to the supervisee
• Relationship development and communication skills related to supervision including developing a supportive and trusting relationship between supervisor and supervisee or mentor and mentee
• Educating the supervisee about the supervisory process including defining expectations, goal setting, and requirements of the relationship including ways to respond to legal and ethical issues
• Use of techniques to demonstrate recognition of and access to appropriate accommodations for supervisees or mentees with disabilities
• Demonstrating the use of technology, when appropriate, for remote supervision and mentorship and the use of case simulations
• Demonstrating the use of technology, when appropriate, for supervision of remote service provision, i.e., telepractice
• The role of the supervisor in the use of alternative clinical education experiences, i.e. case simulations and standardized patients
• Establishment/implementation of goals including developing goals/objectives with the supervisee that allow for growth in critical thinking and problem solving; setting personal goals to enhance supervisory skills

7080 Supervision and Clinical Education (continued)

• Observation techniques, collecting and interpreting session data with the supervisee or mentee
• Providing supervisee or mentee objective feedback to motivate and improve performance; adjusting supervisory style based on level and needs of supervisee
• Analysis and evaluation related to supervision including how to examine collected data and observation notes to identify patterns of behavior and targets for improvement
• Clinical and performance decisions including how to model/guide the supervisee or mentee to respond to ethical dilemmas, apply regulatory guidance in service delivery, access payment/reimbursement for services, and use reflective practice techniques to modify performance
• Creating and implementing plans for improvement
• Multicultural and/or cross-linguistic issues related to supervision including but not limited to defining and demonstrating evidence of cultural competence and appropriate responses to different communication styles of the supervisee
• Interprofessional education and interprofessional practice related to supervision, including but not limited to defining and demonstrating expectations for interpersonal and modes of communication

Area: Professional and Related

8010 Computer and Technology Applications

• Uses of computers, apps, and assistive technology devices in assessment and treatment of speech, language, swallowing, and auditory/vestibular disorders
• Practice management applications in the areas of speech, language swallowing and auditory/vestibular disorders
• Instruction in use of portals or platforms for instructional design and delivery
• Software and hardware design and evaluation and management of communication disorders
• Training in use of software and hardware applications
• Funding sources for computer and assistive technology
• Electronic data management (e.g.; electronic health records)
• Multicultural and/or cross-linguistic issues related to computer and technology application
• Interprofessional education and interprofessional practice related computer and technology application

Area: Professional or Related
9010   Speech-Language Pathology Conferences and Conventions with Multiple Sessions

- Conference or convention offering multiple sessions with different speech-language pathology topics
- If the majority of sessions in a conference or convention fall into one subject code, use that code rather than this code.
- This code cannot be used for courses that last longer than 14 consecutive days.

*Area: Professional, Basic Communication Processes, or Related*

9015   Speech-Language Pathology Self-Study Courses or Journals Covering Multiple Topics

- Self-study products or journals that include a variety of speech-language pathology topics.
- If more than 50% of the information falls into one topic area, use the subject code for that topic rather than this code.

*Area: Professional, Basic Communication Processes, or Related*

9020   Audiology Conferences and Conventions with Multiple Sessions

- Conference or convention offering multiple sessions with different audiology topics.
- If the majority of sessions in a conference or convention fall into one subject code, use that code rather than this code.
- This code cannot be used for courses that last longer than 14 consecutive days.

*Area: Professional, Basic Communication Processes, or Related*

9025   Audiology Self-Study Courses or Journals Covering Multiple Topics

- Self-study products or journals that include a variety of audiology topics.
- If more than 50% of the information falls into one topic area, use the subject code for that topic rather than this code.

*Area: Professional, Basic Communication Processes, or Related*

9030   Audiology and Speech-Language Pathology Conferences and Conventions with Multiple Sessions

- Conference or convention offering multiple session with different speech-language pathology and audiology topics.
- If the majority of sessions in a conference or convention fall into one subject code, use that code rather than this code.
- This code cannot be used for courses that last longer than 14 consecutive days.

*Area: Professional, Basic Communication Processes, or Related*
9035  **Audiology and Speech-Language Pathology Self-Study Courses or Journals Covering Multiple Topics**

- Self-study products or journals that include a variety of audiology and speech-language pathology topics.
- If more than 50% of the information falls into one topic area, use the subject code for that topic rather than this code.

*Area: Professional, Basic Communication Processes or Related*

9040  **Review Courses for the Praxis Examinations in Speech-Language Pathology and Audiology**

- Use this subject code for continuing education offerings designed specifically to provide a review of a broad range of audiology and/or speech-language pathology topics in preparation for the Praxis examination in speech-language pathology and/or the Praxis examination in audiology.

*Area: Professional*
### Appendix J Instructional Levels

1 = Introductory

Instruction at the Introductory Level of difficulty is generally intended for professionals with novice experience in the content area. Material presented is based on fundamental principles or concepts that are fairly well known and regularly applied. Often this level of training is intended to be a prerequisite to successive, more difficult topics offered at the Intermediate Level. At times, experienced professionals might be advised to take this training for review or in preparation for more advanced level training. Introductory level can also be used to describe course content related to new or emerging areas of practice.

2 = Intermediate

Instruction at the Intermediate Level assumes some familiarity with the basic literature as well as some experience in professional practice within the area covered and is targeted for more experienced professionals. The pace of the training and difficulty of concepts presented require more advanced knowledge and skills than the Introductory Level. Examples used at this level are often based on recent research and case studies that are complex in nature.

3 = Advanced

Instruction at the Advanced Level assumes the participant already has established experience, knowledge and skill within the area covered. The focus of courses at this level is on comprehension of findings in the current literature, and the synthesis and application of information presented to advance current clinical and research practices. The pace and level of difficulty of material presented is commensurate with the needs of a
professional with comprehensive knowledge, ability, and experience in the content area.

0 = Various

This classification indicates that a single level can not be determined. It is intended primarily for courses that offer multiple sessions for which the instructional level may vary from session.
Appendix K Types of Learning Experiences

Group
Synchronous, live event. Instruction requires the simultaneous participation of all student and instructors in real time. Learners interact with the learning materials and the instructor at a specific location and time.


Individual
Asynchronous, learners choose their own instructional time frame and location and interact with the learning materials and instructor according to their own schedules.

Examples: Recorded videotapes, correspondence course, audiotapes, programmed study, computer-assisted learning, and reading journals/newsletters.

Blended
Combines elements of both group and individual learning experiences. These may be distance learning/online as well as face-to-face/in person. These courses might have prerequisite reading, videotape/case study viewing that must be completed prior to, during, or after the face-to-face/in-person portion.

Examples: Live Webinar that has required reading/case study review for which the participant will earn credit for successfully completing prior to, during, or after the live segment.

Independent Study
A learning event proposed by the learner and reviewed, monitored and approved by an ASHA Approved Independent Study Provider.
Appendix L Language Used To Describe Individuals With Disabilities

John Folsins, ASHA Publications Board December 1992

This statement of principles is intended as a resource for editors and authors. It is advisory only; that is, none of the principles given should be considered to be binding rules for material published by ASHA.

Principle One: Person-First Language

Use person-first language. Disabilities are not persons and they do not define persons, so do not replace person-nouns with disability-nouns.(1,2)

Avoid: the aphasic, the schizophrenic, stutterers, cleft palates, the hearing impaired
Further, emphasize the person, not the disability, by putting the person-noun first.

Use: people with cleft palate, the lawyer who has dyslexia, persons who stutter, the speech of children with language impairment, the speech of individuals who stutter

Avoid: cleft palate children, the hearing impaired client, the dyslexic lawyer, the retarded adult

Is there a difference between to be and to have? Between saying a person “with a hearing loss” and saying a person “is hearing impaired”? Some have suggested that to have may imply possession and to be may imply identity.(3) Thus they argue that it is less stigmatizing to use have than be.

“The deaf” and “the speech of the deaf” also violate the person-first rule. However, the community of persons who are deaf prefer to use deaf with a capital D to denote the Deaf culture and the Deaf community, not the hearing loss. As a general rule, we may wish to follow the preferences of a disability group, even if it violates other principles. The problems with following the desires of different groups occur when one doesn't know what the members of a group want or when the preferences of individuals in a group differ.

In my opinion, “stuttered speech” is okay. “Stuttered” describes the speech. “Cleft palate speech” is not okay, because the person (not the speech) has the cleft. However, “deaf speech” violates this rule; yet many people believe that “deaf speech” is acceptable.

Person-first language makes sentences more complicated. The consensus of the Publications Board on November 19, 1992, was that deviations from person-first language should be allowed in cases when the only alternative is awkward sentence structure. When publishing research reports in ASHA journals, it is important to describe individuals with sensitivity. There are no absolute rules in regard to what language is sensitive and what language is not sensitive. Clearly, the most appropriate
approaches may differ across different circumstances and different types of publications.

The clarity of research papers may be affected if one is required to use person-first language every time a group of subjects from a specific population is mentioned. One approach may be to describe populations with person-nouns first in the initial description of the subjects. Then one can refer to these descriptions throughout the rest of the paper. It is more important to use person-first language when describing individuals making up a group than when referring to the group. That is, although it may be preferable to say “the group of individuals who are dysarthric” than to say “the group of dysarthrics,” when stylistically necessary, it may be appropriate to use “the dysarthric group.” The general rule is that person-first language is more important than group-first language.

There are many examples in which we do categorize people and omit the person-noun and the person-first position; for example, the audiologist (as opposed to “the person who performs audiological services”), the speech-language pathologist, the professor, the professional, the teacher, the grandparent, the leader, the pacifist, the hypocrite, etc. One could make the case that we should not categorize the person by these attributes. Yet, “the person who grandmothers” is difficult to support as an alternative to “grandmother.”

When the categorizing is negative, person-first language might be preferable. “The person with a criminal record” may be better than “the criminal.” However, we may need to do the same thing for both positive and negative attributes. If we use person-first language only for negative attributes, then person-first language could take on a negative connotation. The way out of this is to assert that it is proper for society to categorize people without person-first language in many instances, but that disabilities are not one of them. Disabilities need not be defining characteristics in the way that a profession or role in society is. There are many circumstances in which it may be appropriate to use the terms disability, disorder, or impairment. One needs to be sensitive to when it is, and when it is not, appropriate to use terms with a negative connotation.

**Principle Two: Disability versus Handicap**

Disabilities, disorders, or impairments can be caused by birth defects, illnesses, or injuries; but disability is a possible result of, not a synonym for, the birth defect, illness, or injury (4,5) The public may have negative connotations for sickness and disease (e.g., diseases are sometimes contagious, disabilities are not). Inability differs from disability in that inability implies a total loss. The World Health Organization has explicit definitions that distinguish among disabilities, disorders, and impairments; however, for most purposes these terms are synonymous. Further, people have disabilities, not handicaps. Handicaps are social or environmental obstacles imposed by society on those with disabilities.

To summarize:
Disability, disorder, and impairment can be synonyms.
Disability does not equal inability.
Disability does not equal birth defect, illness, disease, or injury.
Disability does not equal handicap.
People do not have handicaps; society imposes them.
Handicap is a useful term in golf and horse racing.

Some writers don't like “birth defect” and “congenital anomaly.”(6) Congenital disability can be substituted if appropriate. A disabled computer, light switch, or bomb are objects that do not work at all. Here disability really does imply inability.

Principle Three: We All Like to Think of Ourselves as Normal

Individuals with disabilities are “normal” in many ways. Referring to persons without disabilities as normal implies that persons who have disabilities are abnormal.(3) The term abnormal has a pejorative flavor. At the least, normal should be used only in regard to explicitly defined limits for specific attributes.

Avoid: normal, normal speakers, the speech of individuals who are normal

Use: the speech of individuals with no history of speech, language, or hearing impairment, individuals who were judged to show no speech, language, or hearing impairment, children with normally developing speech and language, normal-hearing, hearing sensitivity within normal limits, normal speech (can be used when speech sounds normal and it can be produced in some instances by individuals with speech impairments), normal-language group (“group-first” language is not always necessary)

Principle Four: Avoid Terms that Project an Unnecessary Negative Connotation

It is desirable to avoid language that projects struggle, pain, or suffering when it is not necessarily part of the circumstances being described. When suffering is a part of the message to be conveyed, it is appropriate to use the term-for example, “tinnitus sufferer.” However, this may not always be clear-cut. For example, some groups (e.g., the Commission of Persons with Disabilities and Self Help for Hard of Hearing People, Inc.) prefer “hard-of-hearing” to either “hearing impaired” or “hearing loss.”

Some authors have suggested avoiding the term dysfluency. (5) They prefer to use “disfluency.” They claim that “dys” has more of a pathological flavor. The prefix “dis” means apart from. The prefix “dys” means “difficult, painful, bad, or disordered.” This is clearly a judgment call, and there is presently little consistency among authors. (5,8)

In general, avoid the following: (1,2,4,6,9)

- patient (Use client for most recipients of clinical services because patient may denote sickness or medical intervention. Patient is appropriate for individuals who are patients in a hospital.)
- confined to a wheelchair, restricted to a wheelchair, wheelchair bound (People receive mobility from wheelchairs, not confinement.)
- victim (This implies a desire for sympathy.)
• cripple, crippled, the crippled, lame, the lame
• deformed (may imply ugly)
• deaf and dumb, deaf mute (needs no justification)
• afflicted with, stricken with, suffering from (say the person has.. .)
• invalid (not valid)
• courageous, brave, inspirational (Not all people with disabilities have these traits.)
unfortunate, pitiful, poor (condescending when used in reference to a disability)
incapacitated (There are still capacities.)
• retardate, mongoloid, idiot, moron, mentally deficient, mentally defective, imbecile,
feeble minded (Use “persons with mental retardation” or “children with developmental
delay.”)
• mentally deranged, mentally ill, mentally deviant, maniac, crazy, lunatic, mad (Use
“persons with a mental disorder.”)
• deafening silence, blind rage, blind faith, turned a deaf ear, lame excuse (Avoid
metaphors with pejorative connotations.)
• fit (Use “seizure” when applicable; “fit” may be an appropriate synonym for tantrum.)
spastic (Use only to describe muscular spasticity. Not all types of cerebral palsy involve
spasticity. Muscles are spastic—not people.)
• hare lip (Does not compliment people or rabbits. Use cleft lip.)

Principle Five: Don't Overdo

Be careful with the term special. In some respects, we are all special. From another
perspective, people with disabilities are not necessarily special even if they are
enrolled in “special education.”

“Language challenged” or “hearing challenged” may imply that people need to try
harder than they are trying at present.

Blatant euphemisms (differently hearing, physically different, differently abled,
speech inconvenienced, vertically challenged, horizontally challenged, chronologically gifted) don't hide disability, but they can produce confusion. It is not
more sensitive to refer to individuals who are physically within normal limits as
temporarily able-bodied (TABs) or momentarily able-bodied MABs).(3)

References

1. National Easter Seal Society. (undated). Portraying people with disabilities in the
media.

Newsletter.


4. Monjar, S. (undated). What do you say after you see they're disabled?
Rehabilitation Institute of Chicago.
5. National Easter Seal Society. (undated). Awareness is the first step toward change:
Tips for disability awareness.

6. Commission of Persons with Disabilities, Iowa Department of Human Rights. (undated). Use words with dignity. (There are two different versions of this handout.)


9. National Easter Seal Society. (undated). Awareness is the first step toward change:
Tips for portraying people with disabilities in the media.
Appendix M Sample Instructions for Use in Self-Study/Individual Courses

Professional Publications is approved by the CEB of ASHA to offer CE courses in speech-language pathology and audiology. This course is offered for 4.0 ASHA continuing education units (CEUs) (Advanced level, Professional area). ASHA Continuing Education Provider approval does not imply endorsement of course content, specific products, or clinical procedures.

Each volume of Hearing in the New Millennium comprises four issues (e.g., 3:1, 3:2, 3:3, and 3:4). Up to 4.0 ASHA CEUs can be earned per volume (1.0 ASHA CEUs per issue). Each ASHA CEU represents 10 contact hours of participation.

A subscription to Hearing in the New Millennium is $100 a year, or $130 per single issue. To participate in the continuing education program, and earn ASHA CEUs, subscribers must pay an annual ASHA CE Registry fee. CE Registry fees are paid by the participant directly to the ASHA National Office. The ASHA fee allows registration to an unlimited number of ASHA CEUs earned in a calendar year.

A test answer sheet and registration form are printed in the back of each issue. To enroll in the continuing education program, participants should send the completed form and their first completed test(s) to Professional Publications. Professional Publications mails verification of enrollment and a report of the score(s) to the participant. (Note: The graded test answer sheet is not returned, so participants may wish to make a copy of their answers before submitting their tests for grading.)

Allow 4 to 6 weeks for Professional Publications to process registrations, grade tests, and send verification of test scores. Participants who must complete ASHA CEUs by a licensing renewal deadline should submit fees and tests to Professional Publications 8 to 12 weeks in advance of their deadlines. Verification of ASHA CEUs must be obtained from the ASHA CE Registry.

IMPORTANT: No submission for Volume 3 will be accepted after the Volume 3 course deadline—December 31, 2020. After the deadline, Professional Publications prepares and submits a report to ASHA concerning all participants in the volume. Participants must contact ASHA directly to request an official transcript of their CE participation. ASHA CEUs earned for Volume 3 will appear on transcripts as having been completed on 12/31/20. This information will be recorded as early as March 2021.

Please send registration forms, tests, and correspondence regarding the continuing education program to: Professional Publications, Inc., 640 Main Street, Kansas City, MO 64108
Appendix N Glossary of CE Terminology

Accreditation
the granting of approval to provide certain types of education courses or activities.

Activity
an event planned to facilitate learning; often used synonymously with the terms course or program to indicate a planned learning experience.

Allocation
a process used by ASHA Approved CE Providers to determine how financial or in-kind support given by other organizations is used in the planning and delivery of a CE course.

Assessment
the process for determining individual achievement of learning.

ASHA CE Provider Brand Block

The ASHA Approved CE Provider Brand Block is the clearly identifiable trademark of ASHA Continuing Education's Approved Providers. Organizations approved to provide continuing education programs that are offered for ASHA Continuing Education Units (CEUs) for audiologists and speech-language pathologists are required to use the Brand Block on their primary promotional materials for all continuing education activities offered for ASHA CEUs. The Brand Block includes a Graphic Image and the Approval Statement and is customized with the Approved Provider's name. Your ASHA CE Provider Brand Block is provided to you by your ASHA CE Provider Manager. See Guidelines for Proper Usage of the Brand Block [PDF].

ASHA CE Registry
a computerized database that awards ASHA CEUs on behalf of ASHA's Continuing Education Board (CEB), and maintains a permanent, cumulative transcript of participants' ASHA CEUs.
ASHA CEU sentence

The number of ASHA CEUs offered, the instructional level, and the content area must be included in a stand-alone sentence. The Approved Provider may insert the sentence in one of two places: 1) Place the sentence above, below or next to the Brand Block, or 2) Place the sentence next to the Course Description on the Approved Provider’s promotional materials. This course is offered for _____ ¹ ASHA CEUs (____ ² level, _____ ³ area).

Key
1. Maximum number of ASHA CEUs available for the course as determined by the time-ordered agenda. One ASHA Continuing Education Unit (CEU) is defined as 10 contact hours of participation in an organized CE experience offered by a provider, excluding meals and breaks. The contact hour is defined as 1 clock hour (60 minutes) of interaction between a learner and instructor or between learner and materials that have been prepared to facilitate learning.
2. Course's instructional level (i.e., introductory, intermediate, advanced, or various).
3. Content area (i.e., professional, basic communication processes, or related).

Bias

a particular tendency or inclination, especially one that prevents unprejudiced consideration of a question: prejudice.

Commercial breaks

an interruption during a recorded CE course for purpose of promoting a product or service.

Compromise

to prejudice, unfavorably weaken, jeopardize, or undermine professional judgment.

Conflicts of interest

situations in which personal and/or financial considerations have the potential to influence or compromise professional judgment in clinical service, research, consultation, instruction, administration any other professional activity. Conflicts of interest may arise in continuing education since the potential exists for professional judgment and practice to be biased by relevant financial or nonfinancial relationship.
Contact

interaction between a learner and instructor, or between a learner and materials that have been prepared to facilitate learning. Contact implies two-way communication so the learner receives feedback.

Contracted research

situations where an institution receives a grant and manages the funds and an individual is the principal or named investigator on the grant.

Continuing education

structured education and training experiences for professional development in which participants are assumed to have previously attained a basic level of education, training or experience.

Continuing education unit (CEU)

a unit of measure in continuing education defined as 10 contact hours of participation in an organized CE experience under responsible sponsorship, capable direction, and qualified instructors.

Cooperative CE offering

A cooperative course/offering(s) is when an ASHA Approved CE Provider joins with an organization or entity that is not an ASHA Approved CE Provider to plan, deliver, and evaluate a continuing education course/offering(s) for ASHA continuing education units (CEUs), and a fee is incurred. The ASHA Continuing Education Board (CEB) considers a course/offering(s) cooperative if another party or entity is not part of the organization that has been approved as the ASHA Approved CE Provider, as detailed in the application to become an ASHA Approved CE Provider.

Cooperative parties

entities that are not ASHA Approved CE Providers.

Course

a defined curriculum usually dealing with one issue or subject and is used interchangeably with activity.

Course objectives

the established goals of a course from the instructor or program planner's perspective. Often confused with learning outcomes, which identify for the learner what he/she can
expect to achieve as a result of participating in a course. Example of a course objective: "Display the instrumentation necessary to perform a Fiberoptic Endoscopic Examination of Swallowing (FEES)." Reworded as a learning outcome: "Participants will be able to identify the instrumentation necessary to perform a FEES."

**Demonstration**

an activity in which participants provide evidence that they have learned what was intended in the stated learning outcomes.

**Disbursement**

a process used by ASHA Approved CE Providers to determine how financial or in-kind support given by other organizations is distributed for the planning and delivery of a CE course.

**Disclosure**

process of informing the Provider and the course participants of conflicts of interest on the part of an instructor or course planner.

**Education**

a process of acquiring knowledge whereby individuals learn to think, reason, and apply judgment.

**Evaluation**

a process of measuring discrete elements or the overall success of activities including such elements as participant satisfaction, benefits, results of outcomes, and impact.

**Financial relationships**

those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, gift, speaking fee, consulting fee, honoraria, ownership interest (e.g., stocks, stock options, or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial relationships can also include “contracted research” where the institution gets the grant and manages the funds and the individual is the principal or named investigator on the grant.

**Financial support**

money given by another organization which are used to pay all or part of the costs of a CE course.

**Honoraria**
payment in recognition of acts or professional services for which custom or propriety forbids a price to be set.

**Independent study (IS)**

a continuing education activity initiated and planned by the learner; then reviewed, monitored, approved by an ASHA Approved Independent Study Provider. Independent Study must be based on the same sound program principles that ASHA Approved CE Providers use to plan group learning activities. IS activities may take many forms. For example, one may learn a new diagnostic procedure by reading journal articles, observing a master clinician conduct assessments, reviewing the assessment procedures in case files, or participating in an internship to receive hands-on experience conducting the assessment. These experiences might culminate with the learner's writing a critical review of the experience. Others may elect to develop an independent study for participating in a CE course not offered for ASHA CEUs.

**In-kind support**

Support or contributions of things such as products, materials and equipment; volunteers; professional or other services; publicity; etc.; not money

**Instructional methods**

methods used by an instructor to cause learning to occur. Examples included lecture, questions, discussions, visuals, exercises, and summaries.

**Intellectual property rights**

legal protections related to creations of the mind: inventions, literary and artistic works, and symbols, names, images, and designs used in commerce.

**Joint Providership**

is when two or more ASHA Approved CE Providers team up to jointly plan, deliver, and evaluate a course/offerings(s). One of the ASHA Approved CE Providers must take responsibility for the registration and reporting of the course/offerings(s) to ASHA. There is no fee incurred or due to ASHA when two or more ASHA Approved CE Providers offer a course.

**Learner or participant**

an individual participating in an activity that has been planned to aid the individual in acquiring knowledge, skills, or attitudes.

**Learning assessment**
the method by which learners, instructors, and program planners alike can gauge the extent to which course participants achieved the established learning outcomes for a course. Learning assessments may take many forms and may be conducted both formally and informally. Some examples include multiple-choice exams, self-assessments using a Likert scale for learners to identify to what degree they have achieved each learning outcome, hands-on demonstration of learned procedures, application of principles to case-study examples, question-and-answer periods, and so on. The learning outcomes should drive the type of learning assessment used. For example, if the learning outcome is to successfully interpret an Auditory Brainstem Response (ABR), a logical method for learner assessment is for learners to interpret actual ABR recordings.

Learning need

the gap between a learner's current level and some desired level of knowledge, skills, attitudes, or performance.

Learner outcomes

statements that identify for the learner what he/she can expect to achieve as a result of participating in a course. Well-written learning outcomes are participant-focused and worded in measurable and observable (when applicable) terms. For example, "Following this course, participants will be able to write a report that meets Medicare reimbursement criteria." Learning outcomes submitted with a course offered for ASHA CEUs must be clearly tied to the scopes of practice for speech-language pathology and/or audiology.

Mission statement

a statement that briefly outlines an organization's or group's purpose for existence.

Needs assessment

the way by which program planners determine the continuing education needs of their target audience. Needs assessments may be conducted in multiple ways concurrently. Examples include, but are not limited to, conducting a literature search, arranging a focus group of select professionals, establishing a log of employee skill sets vs. caseload needs, and/or distributing a formal survey to the target audience.

Nonfinancial relationships

relationships that might bias an individual including any personal, professional, political, institutional, religious or other relationship. May also include personal interest or cultural bias.
Process

The steps and decisions used to accomplish a task (e.g., identify conflicts, resolve conflicts, etc.).

Product

An article or substance that is manufactured or refined for sale.

Program

typically refers to the structure in an organization through which continuing education activities are planned and administered.

Program evaluation

the basis for making improvements to individual courses and CE programming overall. While program evaluations are related to and affected by the outcome of learning assessments, they are not one and the same. Program evaluations focus on the mechanics of a course (the extent to which the instructor is prepared, knowledgeable, and engaging; the handouts, overheads, and environment are conducive to learning; etc.).

Pop ups

An intrusive form of internet advertising that obscures or interferes with web-based CE content.

Provider

an organization that plans, conducts, evaluates, and continuously improves their continuing education (CE) courses using the standards and requirements established by the ASHA Continuing Education Board (CEB).

Relevant Financial Relationships

Instructional personnel have a relevant financial relationship if that relationship could influence the information presented in the course and could be perceived as a conflict of interest by learners.

Relevant Nonfinancial Relationships

Instructional personnel have a relevant nonfinancial relationship if that relationship could influence the information presented in the course and could be perceived as a conflict of interest by learners.
Resolving conflicts of interest

a process used by ASHA Approved CE Providers (individual to each Provider) to address identified, relevant financial and nonfinancial relationships disclosed by individuals involved in developing and delivering course content and to determine appropriate course of action to meet the spirit of Requirement 3 and its call for transparency.

Satisfactory completion

having met the established requirements for completion of a CE course.

Self-Study

educational materials structured to allow learners or groups of learners to achieve pre-established learning outcomes in the absence of interaction with an instructor. Self-study CE activities come in many forms including journals, books, DVDs, podcasts, audiotapes, CDs, and the Internet. Such activities developed by ASHA Approved CE Providers are (a) offered for a pre-set number of ASHA CEUs (i.e., based on a pilot study of a sample group of learners); and (b) have a formal learning assessment that users must pass to earn the ASHA CEUs.

Services

performance of duties or provision of space and equipment helpful to others. For example: Speech-language pathology or audiology services, testing/calibration services, consulting services, referral services.

Sponsorship

is when an entity/organization provides financial and/or in-kind support for an ASHA CE course/ offering(s) but is not involved in the planning, delivery, or evaluation of the course. The organization providing sponsorship has no influence over the content of the course.

Virtual

a CE course carried on by means of a computer, internet, videoconferencing, phone and where students and instructors are separated by time or space or both.
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