

## 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 earned ASHA CEUs.
  - **Submit the Course Offering Report Form and ASHA CEU Participant forms (if applicable)**
    - Fax toll-free: 866-271-3040, or
    - Mail: American Speech-Language-Hearing Association, ASHA Continuing Education Registry, #340, 2200 Research Blvd, Rockville, MD 20850
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### A. Provider, Course and Offering Information—

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

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

**This course offering was** — Fill in the appropriate rectangle indicating whether the course offering was:

1. Held – complete blocks B through I of the form
2. Canceled – complete only sections B, C, D, and I of the form
3. Rescheduled – provide new start and end dates and complete sections B, C, E, and I.

**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 on the Course and Offering Registration Form 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 activity, write 0350 in the four boxes provided. This number reflects the total attendance at the activity, 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 CEUs.
  
- I. Verification** — The ASHA CE administrator for the ASHA Approved CE Provider must sign and date the Course Offering Report Form.

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

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### 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 Form.
- **Course Title** — Enter the title used on the Course and Offering Registration Form 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 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.