



**Course and Offering Registration Form**  
American Speech-Language-Hearing Association  
Continuing Education Registry

Before completing this form ... did you know that you may submit course registrations online?  
Go to: <https://www.goeshow.com/asha/registration/2011/index.cfm>.

**Cooperative Offering Payment Information** (If applicable, otherwise proceed to page 2)  
In accordance with the Payment Card Industry (PCI) Data Security Standard, ASHA has revised its credit card procedures to enhance the security of customers' sensitive payment card information.

If a Course and Offering Registration Form includes credit card information, do not fax the form. Instead, either mail it or use the online submission process.

Instructions: To mail a Course and Offering Registration Form with a payment for a cooperative offering fee:

- Complete the Course and Offering Registration Form including page 1.
- Include the nonrefundable cooperative offering fee.
- Mail Course and Offering Registration Form and payment to

Continuing Education  
ASHA  
P.O. Box 1160, #340  
Rockville, MD 20849

Provider Code: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Course Number: \_\_\_\_\_

Total Payment (credit card or check): \$ \_\_\_\_\_

Check (check number): \_\_\_\_\_

Credit Card (MasterCard, Visa, or Discover) \_\_\_\_\_

Credit card number: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

**Instructions: Respond to each of the questions below and attach required information. Course and Offering Registration Form and required attachments must be received before the:**

- *15-day deadline if group or blended, or*
- *30-day deadline if cooperative offering, individual learning experience (i.e., self-study) and/or any course requiring a pilot study.*

Detailed instructions and additional forms needed for registering individual learning experiences (i.e., self-study courses) and/or courses requiring pilot study are available at <http://asha.org/ce/for-providers/admin/Forms.htm>.

### **I. Course Information and Description**

Provider Code: \_\_\_\_\_

Name of ASHA Approved CE Provider: \_\_\_\_\_

Course Number: \_\_\_\_\_

Course Title: \_\_\_\_\_

Course Description:

Subject Code: \_\_\_\_\_ Content Code: \_\_\_\_ Instructional Level: \_\_\_\_

Will you offer this course more than once?  Yes  No

Type of Learning Experience (check one):

Group (i.e., live)  Individual (i.e., self-study)  Blended

If Individual Experience (i.e., self-study), **check one** and provide requested information:

First-time registering -- with peer reviewers (complete and attach the Product Information Form and Peer Review Forms)

First-time registering -- Editorial Review Board conducted peer review (submit a list of reviewers and the date the content was accepted by the board)

Recorded version of a live course (live to self): Provide live course's number: \_\_\_\_\_

Re-registration of course: Provide previous course's number: \_\_\_\_\_

List course offerings on Course Search?  Yes  No

(Optional) Registration (contact name and phone number or web address, etc.):

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## II. Course CEUs

CEU amount: \_\_\_\_ . \_\_\_\_ (e.g. 60 minutes = 0.10 CEU, 90 minutes = 0.15 CEU, etc.)

How did you determine the CEU amount? (check all that apply and provide requested information)

Time-ordered agenda/seat time (attach agenda)

Run time of recording (attach agenda)

Pilot study (complete and attach Pilot Study Form)

Established word count, insert formula: \_\_\_\_\_

Previously established, provide the course number: \_\_\_\_\_

Is the course designed so that participants can achieve all the course's (or session's) learning outcomes without full attendance (that is, is partial credit an option)?

No (continue to promotional materials section)

Yes (respond to the following)

How will course participants who do not attend the entire course demonstrate achievement of the course learning outcomes? (check one):

The course has multiple sessions and each session has discrete learning outcomes that are assessed at the end of each session.

The course is a series of sessions. Participants must attend a minimum of \_\_\_\_\_ sessions.

A passing score on an exam is the satisfactory completion requirement.

Participant will successfully demonstrate a skill as the satisfactory completion requirement.

The course has group and individual learning components. Participants can opt out of the individual learning portion of the course and earn credit for the group learning only.

Other (please describe): \_\_\_\_\_

### III. Disclosures and Promotional Materials

Prior to the course, did you disclose that the course content was focused on a specific product or service?

Yes  Not applicable

Prior to the beginning of the course, will you disclose financial and in-kind support given by other organizations used to pay for all or part of the costs of the CE course?

Yes  Not applicable

Yes, disclosure is made in promotional materials for all instructional personnel.

Yes, disclosure will be made at the start of the course for all instructional personnel. If this course is categorized as *Individual* (e.g., self-studies), disclosure will immediately precede the course content through audio or print delivery, dependent on format.

Promotional materials. (attach course advertisement(s) which must include: (1) the ASHA CE Approved Provider Brand Block and CEU sentence; (2) instructional personnel disclosure; (3) (if applicable) disclosure that the course is focused on a specific product or service and there will be no or limited information about similar products or services; and (4) if applicable, disclosure of the names of organizations contributing financial and in-kind support.) Sample disclosure statements available at <http://www.asha.org/CE/for-providers/admin/Sample-Disclosure-Statements/>

### IV. Course Design

*Needs Assessment Process* (check all that apply):

Interviewed key individuals  Conducted focus group(s)  
 Surveyed sample population  Other (please describe): \_\_\_\_\_

*Learning Outcomes:*

Attach course's learning outcomes

*Assessment of Learning Process* (check all that apply):

Performance demonstrations  Completion of a project  
 Written report  Written examination  
 Oral report  Oral examination  
 Self-assessment  Question and answer session  
 Other (please describe): \_\_\_\_\_

*Instructional Methodology* (check all that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> Lecture                        | <input type="checkbox"/> Small group activity    |
| <input type="checkbox"/> Video or audio presentation    | <input type="checkbox"/> Panel discussion        |
| <input type="checkbox"/> Demonstration of procedures    | <input type="checkbox"/> Observation of patients |
| <input type="checkbox"/> Case study                     | <input type="checkbox"/> Simulations             |
| <input type="checkbox"/> Other (please describe): _____ |  |

#### **V. Planning and Instructional Personnel**

- Yes, we have a process for identifying and selecting instructional personnel that meets ASHA CEB Requirement 7.

If you provided information about the principles of Evidence-Based Continuing Education to planners and/or instructors during course development; please indicate the resources provided (check all that apply):

- Directed the planner and/or presenter of the course to ASHA CE's [Evidence-Based CE Tutorial](#) on ASHA's website.
- Gave the planner and/or presenter of the course the [Guidance on Infusing Evidence into CE Course Content \[PDF\]](#) found on ASHA's website.
- Other (please describe) \_\_\_\_\_

#### **VI. Satisfactory Completion and Course Evaluation**

How will you determine whether participants meet the course's satisfactory completion requirements and are eligible to earn ASHA CEUs? (check all that apply):

- Attendance                       Attainment of learning outcomes

*Course Evaluation:*

- Yes**, we have a process for evaluating this course and using the evaluation results to make improvements that meets ASHA CEB Requirement 12.

## VII. Course Offerings

If there are more than twelve planned offerings, please **attach the Additional Offerings form.**

Start Date	End Date	City, State, Country (if applicable)	Is this a cooperative offering? <a href="#">See fee schedule</a>
			<input type="checkbox"/> yes
			<input type="checkbox"/> yes
			<input type="checkbox"/> yes
			<input type="checkbox"/> yes
			<input type="checkbox"/> yes
			<input type="checkbox"/> yes
			<input type="checkbox"/> yes
			<input type="checkbox"/> yes
			<input type="checkbox"/> yes
			<input type="checkbox"/> yes
			<input type="checkbox"/> yes
			<input type="checkbox"/> yes

### Cooperative Offering Information

For those offerings checked as cooperative, provide the requested information. (If there are multiple cooperative organizations, attach a list of dates and cooperative organizations, contact name, phone and email.)

Names of cooperative organization: \_\_\_\_\_

Address of cooperative organization: \_\_\_\_\_

Contact name at cooperative organization: \_\_\_\_\_

Phone number for contact: \_\_\_\_\_

E-mail address for contact: \_\_\_\_\_

Is the other organization an ASHA Approved CE Provider?  Yes  No

If no, the non-refundable cooperative offering fee must be submitted (**See Page 1**).

### VIII. Attestations

Please read and check each box indicating that you agree to:

- Retain information about the planning, implementation, and evaluation and records of attendance for this course and all its subsequent offerings for 2 years after the end date of the course offering.
- Review the Course Registration Confirmation Letter and notify the CE Registry of any corrections within 15 days of receipt.

- Check the CE Course Roster and notify the CE Registry of any corrections within 45 days.
- Retain the participants' names and ASHA CEUs earned for a minimum of 2 years from the completion date of the course offering.
- Submit Course and Offering Registration Forms, required attachments and cooperative offering fees (if applicable) by the 15-day or 30-day deadline.

Respond only if your organization has a CE Consultant:

- Ensure that he/she participated in the planning of the course and has reviewed the Course and Offering Registration information.

I understand that if the Course and Offering Registration Form, required attachments and cooperative offering fees are received after the 15-day or 30-day deadline I must submit an appeal letter to the CEB.

\_\_\_\_\_  
ASHA CE Administrator's Name

\_\_\_\_\_  
Original signature

Date: \_\_\_\_\_

Either mail or fax the completed Course and Offering Registration Form, the required attachments, and the cooperative offering fees (if applicable) to:

*Mailing address for registrations without fees:*

Continuing Education, ASHA, 2200 Research Blvd. #340, Rockville, MD 20850

*Mailing address for registrations including cooperative payment(s):*

Continuing Education, ASHA, P.O. Box 1160 #340, Rockville, MD 20849

Fax number (**do not** fax if credit card information included): 301-296-8574