

Independent Study Activity Form ASHA Continuing Education Registry

Instructions: Please type or print all information, observing the limitations on character length carefully. (1) Provider completes p. 1; (2) Participant completes and both parties sign p. 2; and (3) Upon completion of the activity, the participant evaluates and forwards form with appropriate documentation to Provider for signature on p. 3. **Providers: Return completed form to the ASHA CE Registry no later than 45 days after the completion date of the plan.** **Participants:** Make sure you have paid the annual ASHA CE Registry for the year in which you are completing this Independent Study.

**ASHA Approved CE Provider
ID Information**

Approved CE Provider _____
 Provider Code _____
 Activity # _____
 CE Administrator _____
 Telephone _____

Title of activity (60 characters maximum)

**Activity Description
(400 characters maximum)**

Dates of Activity

Starting Date ____/____/____
 Completion Date ____/____/____

Subject Code
(see *CEB Manual*, Appendix K, for subject code definition)

- | | |
|---|---|
| <input type="checkbox"/> 1010 Fluency Disorders | <input type="checkbox"/> 7010 Service Delivery |
| <input type="checkbox"/> 1020 Voice Disorders | <input type="checkbox"/> 7015 Preprofessional Education |
| <input type="checkbox"/> 1030 Motor Disorders of Speech | <input type="checkbox"/> 7020 Education and Training |
| <input type="checkbox"/> 1040 Dysphagia | <input type="checkbox"/> 7025 Regulatory Issues |
| <input type="checkbox"/> 2010 Speech Science | <input type="checkbox"/> 7030 Cultural and Linguistic Diversity in Education, Training, Service Delivery, and Public Policy |
| <input type="checkbox"/> 3010 Language Disorders | <input type="checkbox"/> 7040 Psycho-social Issues Related to Speech/Language/Hearing |
| <input type="checkbox"/> 3030 Aphasia and Other Acquired Neurogenic Disorders of Language and Cognition | <input type="checkbox"/> 7050 Leadership and Management in Professional Practice Settings |
| <input type="checkbox"/> 3040 Augmentative and Alternative Communication | <input type="checkbox"/> 7060 Patient Safety and Prevention of Medical Error |
| <input type="checkbox"/> 3050 Phonology/Articulatory Disorders | <input type="checkbox"/> 8010 Microcomputer and Technology Applications |
| <input type="checkbox"/> 4010 Language Science | <input type="checkbox"/> 9010 Speech-Language Pathology Conferences/ Conventions With Multiple Sessions |
| <input type="checkbox"/> 5010 Audiologic Assessment | <input type="checkbox"/> 9020 Audiology Conferences/ Conventions with Multiple Sessions |
| <input type="checkbox"/> 5020 Audiologic Habilitation/ Rehabilitation | <input type="checkbox"/> 9030 Audiology and Speech-Language Pathology Conferences/Conventions With Multiple Sessions |
| <input type="checkbox"/> 5030 Hearing Assistive Technology | <input type="checkbox"/> 9040 Review Courses for the National Examinations in Speech-Language Pathology and Audiology |
| <input type="checkbox"/> 5040 Industrial Audiology/ Hearing Conservation | |
| <input type="checkbox"/> 6010 Hearing Science | |

Location of Activity

City _____
 State _____

**CEUs (to be assigned by
Provider)**

_____. _____
 60 minutes or one contact hour =
 0.1 CEU
 This plan is limited to 2.0 CEUs.

Instructional Level
(see *CEB Manual*, Appendix L, for instructional level definitions)

- 1 Introductory
 2 Intermediate
 3 Advanced
 4 Various

Content Area
(see *CEB Manual*, Section 3 for content area definitions)

- B Basic Communication Processes
 P Professional
 R Related

Type of Activity
(see *CEB Manual*/Section 5 for Independent Study activity definitions)

- 01 Traditional Independent Study
 02 Non-ASHA CE Activity
 03 Course Design/Instruction
 04 Research & Publication
 06 Audio/Video Instruction
 07 Clinical Case Study
 08 Literature Review
 09 Professional Visitation
 10 Internship
 11 Other (describe)

Independent Study Activity Evaluation (to be completed by participant upon completion of Independent Study activity)

If you were to do another independent study activity, what would you do differently to make it a better learning experience for you?

Note: Before forwarding to the Provider, participant should attach all necessary documentation to enable the ASHA CE administrator to verify satisfactory completion of the independent study activity.

Verification of Satisfactory Completion and Awarding of CEUs (to be completed by ASHA CE Administrator upon completion of Independent Study activity)

Describe how you determined that this activity was satisfactorily completed.

Program Evaluation (to be completed by ASHA CE administrator upon completion of Independent Study activity)

On the basis of the outcome of this activity, what changes will you make when you provide future independent study activities?

Administrator Signature and Confirmation (to be completed by ASHA CE administrator upon completion of independent study)

I certify that this independent study was completed as described in this plan.

Signature of the ASHA CE Administrator
for the ASHA Approved CE Provider

Date

Note: The CEB will not accept incomplete plans. Plans will be returned to the ASHA Approved CE Provider and independent study participant for additional information if submitted in incomplete form.