

Course Offering Report Form

American Speech-Language-Hearing Association
ASHA Continuing Education Registry

A Provider and Course Information

Course Title (please print)

ASHA Approved CE Provider Name

Do not use this form to reschedule or cancel a course offering.

To reschedule a course offering, go to <https://www.asha.org/Form/CE-Course-Registration-Change/>

To cancel a course offering, go to the Course Registration System.

Instructions: Please complete all sections and fill in the appropriate bubbles below.

<p>B PROVIDER CODE</p> <table style="width:100%; text-align: center;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>A</td><td>A</td><td>A</td><td>A</td></tr> <tr><td>B</td><td>B</td><td>B</td><td>B</td></tr> <tr><td>C</td><td>C</td><td>C</td><td>C</td></tr> <tr><td>D</td><td>D</td><td>D</td><td>D</td></tr> <tr><td>E</td><td>E</td><td>E</td><td>E</td></tr> <tr><td>F</td><td>F</td><td>F</td><td>F</td></tr> <tr><td>G</td><td>G</td><td>G</td><td>G</td></tr> <tr><td>H</td><td>H</td><td>H</td><td>H</td></tr> <tr><td>I</td><td>I</td><td>I</td><td>I</td></tr> <tr><td>J</td><td>J</td><td>J</td><td>J</td></tr> <tr><td>K</td><td>K</td><td>K</td><td>K</td></tr> <tr><td>L</td><td>L</td><td>L</td><td>L</td></tr> <tr><td>M</td><td>M</td><td>M</td><td>M</td></tr> <tr><td>N</td><td>N</td><td>N</td><td>N</td></tr> <tr><td>O</td><td>O</td><td>O</td><td>O</td></tr> <tr><td>P</td><td>P</td><td>P</td><td>P</td></tr> <tr><td>Q</td><td>Q</td><td>Q</td><td>Q</td></tr> <tr><td>R</td><td>R</td><td>R</td><td>R</td></tr> <tr><td>S</td><td>S</td><td>S</td><td>S</td></tr> <tr><td>T</td><td>T</td><td>T</td><td>T</td></tr> <tr><td>U</td><td>U</td><td>U</td><td>U</td></tr> <tr><td>V</td><td>V</td><td>V</td><td>V</td></tr> <tr><td>W</td><td>W</td><td>W</td><td>W</td></tr> <tr><td>X</td><td>X</td><td>X</td><td>X</td></tr> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>Z</td><td>Z</td><td>Z</td><td>Z</td></tr> </table>					A	A	A	A	B	B	B	B	C	C	C	C	D	D	D	D	E	E	E	E	F	F	F	F	G	G	G	G	H	H	H	H	I	I	I	I	J	J	J	J	K	K	K	K	L	L	L	L	M	M	M	M	N	N	N	N	O	O	O	O	P	P	P	P	Q	Q	Q	Q	R	R	R	R	S	S	S	S	T	T	T	T	U	U	U	U	V	V	V	V	W	W	W	W	X	X	X	X	Y	Y	Y	Y	Z	Z	Z	Z	<p>C COURSE NUMBER</p> <table style="width:100%; text-align: center;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>1</td><td>1</td><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td><td>9</td><td>9</td></tr> <tr><td>0</td><td>0</td><td>0</td><td>0</td></tr> </table>					1	1	1	1	2	2	2	2	3	3	3	3	4	4	4	4	5	5	5	5	6	6	6	6	7	7	7	7	8	8	8	8	9	9	9	9	0	0	0	0	<p>D OFFERING NUMBER</p> <table style="width:100%; text-align: center;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td>1</td><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td><td>9</td></tr> <tr><td>0</td><td>0</td><td>0</td></tr> </table>				1	1	1	2	2	2	3	3	3	4	4	4	5	5	5	6	6	6	7	7	7	8	8	8	9	9	9	0	0	0	<p>E # OF PARTICIPANT FORMS INCLUDED</p> <table style="width:100%; text-align: center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td><td>2</td><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td><td>3</td><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td><td>4</td><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td><td>7</td><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td><td>8</td><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td></tr> <tr><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr> </table>						1	1	1	1	1	2	2	2	2	2	3	3	3	3	3	4	4	4	4	4	5	5	5	5	5	6	6	6	6	6	7	7	7	7	7	8	8	8	8	8	9	9	9	9	9	0	0	0	0	0	<p>F OFFERING COMPLETION DATE</p> <table style="width:100%; text-align: center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td><td>2</td><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td><td>3</td><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td><td>4</td><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td><td>7</td><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td><td>8</td><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td></tr> <tr><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr> </table>						1	1	1	1	1	2	2	2	2	2	3	3	3	3	3	4	4	4	4	4	5	5	5	5	5	6	6	6	6	6	7	7	7	7	7	8	8	8	8	8	9	9	9	9	9	0	0	0	0	0
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INSTRUCTIONS

Block A: Enter course title and name of Provider.

Block B: Use 4-letter Provider code assigned to you by the ASHA Continuing Education Board.

Block C: Verify that course number matches the number assigned to this course on the Course Registration Confirmation.

Block D: Verify that offering number matches the number assigned to this offering. If not a Multiple Offering, use 001.

Block E: Count only the forms of participants who will receive ASHA CEUs. Submit only one form per person. Write and fill in leading zeros.

Block F: Use 2 digits for month, day and year. This date should correspond to the completion date indicated in the Course Offering Registration System.

Example: June 21, 2011 = 06/21/11

Block G: Indicate the total number of people attending the offering. Write and fill in leading zeros.

Block H: Indicate whether course was offered for partial credit. If so, select the reason for offering partial credit. On the ASHA CEU Participant form, complete the special use box for those participants who should receive less than full credit.

Block I: This block must be signed and dated by the ASHA CE Administrator.

Place this form on top of the completed, alphabetized, ASHA CEU Participant Forms and fax to 866-271-3040 or mail to:
Continuing Education Registry

American Speech-Language-Hearing Association
2200 Research Boulevard #340, Rockville, MD 20850

Revised 8/2019

16069

IN ORDER FOR THE FORMS TO BE PROCESSED, ALL REQUESTED INFORMATION MUST BE PROVIDED ON THIS FORM. MAILED FORMS MUST BE FLAT IN A LARGE ENVELOPE OR BOX AND MUST NOT BE FOLDED OR STAPLED.

