How to Complete the ASHA CEU Participant Form

Step 1. Demographic information: Please fill out completely and legibly:

Course Title: How to Properly Fill Out the ASHA Participant Form

Step 2. Fill in last name:

Please enter your last name (as it appears on your ASHA id card) below. Enter the letters in the spaces provided in the 1st row and fill the entire box that corresponds to the letter in each column.

Last Name (Only)
Step 3. Fill in your ASHA Account Number:

If you **do not** have an ASHA Account number, please leave this space blank and one will be assigned to you by the CE Registry. If you **do** have an ASHA Account number, but it is not immediately available to you, please call ASHA’s Action Center at 1-800-498-2071, between 8:30 am-5 pm E.T. to obtain your number.

![ASHA Account Number grid]

To update your address or phone number, or to obtain your ASHA Account Number call ACTION CENTER at 1-800-498-2071 between 8:30am and 5:00pm E.T.
Step 4. Please do not complete this section:

Provider Use Only

Complete only for those participants receiving less than the maximum number of ASHA CEUs (i.e., variable credit). Please fill in leading zeros followed by the variable number of ASHA CEUs. For example, to indicate a participant earned 0.5 ASHA CEUs write 005.

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

Please do not complete this section.

Step 5. Please return this form to the Provider before you leave!
Complete Form

ASHA CEU Participant Form
American Speech-Language-Hearing Association
Continuing Education Registry

The Provider Code and Activity Number fields should be completed by the Provider only.

Provider Code  ASHA  Activity Number  0600-001

Do not send to ASHA CE Registry. Please submit this form to Provider at conclusion of the activity. Please print legibly.

Course Title  How to Properly Fill Out the ASHA CEU Participant Form

Name  Moti M. Gableick

Address  2200 Research Blvd.

City  Rockville  State  MD  Zip  20850  Country

Daytime Phone  (800) 498-2671  Email Address  mgableicklp@asha.org

Please enter your last name (as it appears on your ASHA id card) below. Enter the letters in the spaces provided in the 1st row and fill the entire box that corresponds to the letter in each column.

Last Name (Only)

| A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q | R | S | T | U | V | W | X | Y | Z |

ASHA Account Number
You must provide your ASHA Account Number.

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<th>1</th>
<th>1</th>
<th>0</th>
<th>4</th>
<th>9</th>
</tr>
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Provider Use Only

Complete only for those participants receiving less than the maximum number of ASHA CEUs (i.e., variable credit). Please fill in leading zeros followed by the variable number of ASHA CEUs. For example, to indicate a participant earned 9.5 ASHA CEUs, write 9.5.

Revised 12/2001