

This is a *preview* of the Application for ASHA CE Provider Approval. The purpose of this document is to review the application questions prior to starting the application. **Please do not apply using this document or do any work in it or with it.** This is exclusively for reviewing the application questions.

**All applications must be submitted through the online application portal.** Applications submitted via any other avenue will not be reviewed. The link to begin the full application can be found on the Applying for ASHA CE Provider Approval page [here](#).

This application may look long. Please be aware that much of the length is due to agreements, reading materials, and generous spacing.

PREVIEW



Please note that application review fees will increase, effective January 2025. Applications submitted through December 2024 will pay an application review fee of \$1,000 for regular applications or \$2,175 for expedited applications. All applications submitted on or after January 1st, 2025, will be subject to the updated fee structure. The price of the regular application fee will be \$1,750 and the price of the expedited review fee will be \$3,400.

Thank you for your interest in becoming an ASHA CE Provider. We look forward to reviewing your application.

This application is organized into 12 sections, representing the 12 Continuing Education Board (CEB) Requirements that your organization must meet in order to be approved as an ASHA CE Provider.

- Each section begins with the CEB Requirement.
- All required fields must be completed to submit your application.
- You will be invoiced for the application review fee, which must be paid before the application is reviewed.

Note: This application requires samples of 3 courses conducted in the past 24 months. If you do not have 3 samples, you will not be able to submit the application.

For application questions, e-mail the ASHA CE Team at [ceapplication@asha.org](mailto:ceapplication@asha.org).

#### Application Tips:

1. Save your application frequently.
2. You can only upload one document per upload field in the application. Accepted file types include .DOC/X, .JPG, .JPEG, .PDF, .XLS/X, .PNG, .PPT.
3. To return to your application go to <https://ashaprograms.secure-platform.com:443/a/page/home/CE>. Once you login, click on "Incomplete" in the left navigation.
4. Always logout before exiting the system. Make a note of where you were in the application, as you will not automatically return to that location when you log back in.
5. Once an application is submitted, it will be in read-only mode. Should you need to make a change to your application, please e-mail the ASHA CE Team so they may re-open your application.

Applications will remain open in the CE Application Portal for 12 months from the last date updated by an applicant. After that time, unsubmitted applications will be removed from the portal.

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## Application Request

We are interested in learning more about why organizations choose to apply to become an ASHA CE Provider. Please share what led you to apply at this time.

## Organization Information Applying for Provider Status

When determining the applicant name for larger organizations, please consider which departments or units will typically be involved in suggesting, planning, and conducting CE activities and ensure that the organization's name is inclusive of all of those entities. Large organizations (such as universities or medical centers) may apply as the entire organization or as a division, school, or smaller unit of the larger organization.

1. The applicant name should be the name used when promoting/advertising your courses. Include doing business as names or brands, if appropriate.
2. The unit within the organization that creates or manages continuing education courses may have a different name than the organization itself.

Contact [ceapplication@asha.org](mailto:ceapplication@asha.org) if you have questions about your organization.

**Organization's Name \***

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**Address \***

**Phone \***

Organization's phone number

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**Email \***

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**Website Address \***

Organization's website address

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**CE Administrator \***

Provide the full name of the individual who is designated as the CE administrator.

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**Prior CEA**

Has anyone in the organization served as the CE Administrator for an ASHA Approved CE Provider before?

Yes

No

**Prior CEA**

For which ASHA CE Provider? Please enter the 4-letter Provider code.

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**Requirement 1**

**Organization Information**

Please refer to the instructions.

**1-1(a) \***

Organization's mission statement

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**1-1(b) \***

Purpose of organization

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**1-1(c) \***

Name of the CE unit within the organization

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**1-1(d) \***

Upload an organizational chart(s) illustrating the departments/components making up the entity applying for ASHA Approved CE Provider status. The information provided should define the departments or groups that the CE unit works with to develop, implement and evaluate courses. Be sure to depict where the CE unit fits into the applicant organization as well as the structure of the CE unit.

Please be sure to include:

- Overall structure of the organization applying for Provider approval: The chart should depict, at the highest level, the leadership and reporting departments/units/divisions/groups/positions.
- Structure of the unit responsible for CE: Highlight on the chart where responsibility for planning, implementing and evaluating continuing education is assigned and depict all of the positions (to include proposed CE administrator and the CE content consultant, if applicable) within that department/unit/division/group (that is, a detailed depiction of the CE unit).

For more information about what we are looking for, see [Organizational Structure and Scope](#).

**1-1(e) \***

Identify the positions (human resources) assigned to the CE unit. Positions identified in this response should also be found on the organizational chart in item 1-1(d).

**Groups \***

Does your organization use groups (e.g., advisory board, committees, etc.) to guide or provide input to the CE programming?

Yes

No

**CE Groups \***

Please indicate the group(s) assigned to the CE unit. Any group used by the CE unit should be found on the organizational chart submitted in item 1-1(d).

**1-1(f) \***

Does the CE unit have its own mission statement?

Yes

No, mission statement of organization is the mission of the CE unit

**1-1(f) Yes \***

Provide the CE unit's mission statement.

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**1-1(g) \***

Explain how the responsibilities of and courses conducted by the CE unit support the mission of the organization.

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**1-2 \***

If approved to be a Provider, we agree to allocate sufficient fiscal and physical resources to support the continuing education unit and program, as well as its continued improvement.

Yes, we agree  
Applicant Organization

**1-3(a) \***

Has your organization been offering CE courses to speech-language pathologists and/or audiologists for less than a year?

Yes

No

**1-3(a) Yes \***

Provide the date you started offering CE courses to speech-language pathologists and/or audiologists.

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**1-3(a) No \***

How many years has your organization been offering CE courses to speech-language pathologists and/or audiologists? *We understand that your organization may not have been an ASHA Approved Provider before. We would like to know whether your organization has offered any type of continuing education courses for speech-language pathologists and/or audiologists.*

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**1-3(b) \***

How many CE courses have you offered to speech-language pathologists or audiologists in the past 12 months?

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**1-3(c) \***

What was the total number of course participants in the past 12 months who were speech-language pathologists and/or audiologists?

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**1-3(d) \***

How many courses for SLPs or audiologists do you plan to conduct in the next 12 months?

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**1-3(e) \***

Do you or do you plan to offer self-study courses (i.e., asynchronous / pre-recorded courses that learners complete on their own time)?

Yes

No

**1-3(f) \***

If approved to be a Provider, we agree to regularly review the organization's:

1. organizational chart and CE unit staffing;
2. budget and forecast of CE courses; and,
3. CE policies and update, as needed.

Agree

**1-4 \***

If approved to be a Provider, we agree that the organization and its staff will demonstrate high standards of professional conduct and respect the rights and worth of the individuals served.

Agree

**1-5 \***

Does your organization charge registration fees for its speech-language pathology and audiology continuing education courses?

Yes

Sometimes

No

**1-5(a) Yes \***

What is your organization's written policy for the refund of fees in the event a program is canceled or rescheduled by your organization?

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**1-5(b) Yes \***

What is your organization's written policy for the refund of fees when participants cancel their registration?

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**1-5(c) Yes \***

Your organization's cancellation and refund policies should be easily accessible and clearly communicated to learners. Please upload a file that shows (1) where these policies are shared with learners and (2) how they are alerted to where to find these policies. If you share them on your web site, please include a screenshot.

Label/name your uploaded file as 1-5(c).

**1-5(a) Sometimes \***

What is your organization's written policy for the refund of fees in the event a program is canceled or rescheduled by your organization?



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**1-5(b) Sometimes \***

What is your organization's written policy for the refund of fees when participants cancel their registration?

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**1-5(c) Sometimes \***

Your organization's cancellation and refund policies should be easily accessible and clearly communicated to learners. Please upload a file that shows (1) where these policies are shared with learners and (2) how they are alerted to where to find these policies. If you share them on your web site, please include a screenshot.

Label/name your uploaded file as 1-5(c)  
Organization's Complaint Policy

**1-6(a) \***

What is your organization's written policy for the resolution of complaints from individuals not satisfied with the organization's continuing education services or programs?

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**1-6(b) \***

Your organization's complaint policy should be easily accessible and clearly communicated to learners. Please upload a file that shows (1) where this policy is shared with learners and (2) how they are alerted to where to find this policy. If you share them on your web site, please include a screenshot.

Please note: It is acceptable to have a statement on promotional materials or a web page about how to file a complaint (such as "If you have any concerns or complaints about this course, please contact XXX"). This, however, is not the full policy and learners should be directed to where the complaint policy is located, in addition to how to file a complaint.

Label/name your file as Complaint Policy (1-6b).

**1-7 \***

Indicate the ways your organization notifies registrants of changes in program, instructor, dates, location or cancellation. (Check all that apply)  
Select one or more options

- Email
- Mail
- Website announcement
- Phone call
- Other

**Changes (Other) \***

Please describe

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**1-8 \***

If approved to be a Provider, we agree to retain all information related to CE course planning and registration for a period of 7 years.

- Agree

**Requirement 2**

Responsibility and Control (Administration)

Please refer to the instructions.

**2.1 \***

If approved to be a Provider, we agree to have a documented process to ensure adherence to all CEB requirements, including meeting deadlines and providing required information about all courses and participants.

- Agree

**2-1(a) \***

If approved to be a Provider, we agree to incorporate changes in CEB requirements and policies into our review process.

- Agree

**2-1(b) \***

Please share your existing CE program and course review process that includes all ASHA CEB Requirements, the individual(s) responsible for each task, and the timeframe in which the task is to be accomplished. This documentation should reflect the review process that your organization follows to ensure continuous adherence to all CEB requirements. You can use this document to complete the process-related items included throughout this application.

For more information about what we are looking for, see ASHA CE Process Documentation (right click to open in new window).

You may use the ASHA CE Program Course Planning and Reporting Review Form or upload your own documentation. Attach and label as ASHA CE Program Course Planning and Reporting Review Form - 2.1b.

ASHA CE Administrator

The ASHA CE administrator (CEA) is responsible for the review process and adherence to CEB requirements. This individual serves as the organization's sole liaison and must routinely be available to respond to requests from ASHA CE.

NOTE: There are two options when appointing a CEA:

1. The CEA is ASHA-certified or an ASHA member with experience and knowledge of the professions. A CE content consultant is not needed.
2. The CEA is not ASHA-certified or an ASHA member. A CE content consultant who is ASHA-certified or an ASHA member must be appointed.

**2-2(a) \***

Full name

**2-2(b) \***

CE administrator title in your organization

**2-2(c) \***

Describe the ASHA CE administrator's qualifications, particularly experience in the area of continuing education course planning and working knowledge of the professions of speech-language pathology and audiology.

**2-2(d) \***

Upload a current resume or vita for the ASHA CE administrator and label/name the file ASHA CE administrator 2-2(c).

**2-2(e) \***

If the ASHA CE administrator is not an employee, please describe their relationship to the organization. If the CE administrator is an employee, please enter N/A.

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**2-2(f) \***

Is the ASHA CE administrator an ASHA member or certified by ASHA?

NOTE: If you plan to have a CE content consultant, check "No" and you will be able to enter their information.

Yes

No

**2-2(f) ID Number \***

CE administrator's eight digit ASHA membership/certification number

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**ASHA CE Content Consultant**

Please provide the name of the person who is an ASHA member and/or certified by ASHA and who will be involved in your organization's CE course planning, implementation, and evaluation. This individual is called an ASHA CE content consultant.

**2-2(f.1) \***

Full name of the ASHA CE content consultant

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**2-2(f.2) \***

ASHA CE content consultant's title in your organization

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**2-2(f.3) \***

ASHA CE content consultant's eight digit ASHA membership or certification number

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**2-2(f.4) \***

Describe the ASHA CE content consultant's experience in, and working knowledge of, the professions of speech-language pathology and audiology and continuing education course planning.

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**2-2(f.5) \***

Upload a current resume or vita for the ASHA content consultant and name/label the file 2-2(f.5).

**2-2(f.6) \***

Describe the ASHA CE content consultant's professional relationship to the organization (e.g., paid consultant, staff in another unit of the organization, etc.)

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**2-2(f.7) \***

If approved to be a Provider, we agree to regularly review the CE content consultant's qualifications.

Agree

**2-2(g) \***

If approved to be a Provider, we agree to regularly review the CE administrator's qualifications.

Agree

Identify another individual in your organization who will have knowledge of the organization's continuing education program for speech-language pathologists and audiologists and will serve as an alternate contact. This person may be the CE administrator's supervisor or other designated individual.

**2-3(a.1) \***

Full name

**2-3(a.2) \***

Title

**2-3(a.3) \***

Daytime Phone Number

**2-3(a.4) \***

E-mail address

**Requirement 3**

Transparency in Course Planning, Delivery, and Marketing

Please refer to the instructions.

**3-1 \***

If approved to be a Provider, we agree to ALL of the following to ensure that:

1. CE course content and presentations focus on the science and/or contemporary practice of speech-language pathology and/or audiology and NOT on the marketing of a product or service.
2. When a course focuses on a specific product or service, information is provided in a scholarly manner regarding (a) theoretical aspects related to a product or service and/or (b) details of operation.
3. It will be disclosed prior to CE courses focused on a specific product or service that there will be limited or no information provided about similar products or services. Conversely, when a specific product or service is not presented, the use of trade or product names from several companies will be considered.

Agree  
Conflicts of Interest

Your organization must have a written process in place to identify, resolve, and disclose conflicts of interest. If your organization does not currently have processes addressing these areas, you will need to develop and implement processes prior to submitting this application.

If desired, you may personalize and use the CE Provider Conflict Policy template. Otherwise, you must provide the following:

1. Your organization's written process to identify relevant financial and non-financial relationships.
2. Your organization's written process to resolve identified conflicts of interest.
3. Your organization's written process for disclosing instructional personnel relevant financial or non-financial relationship(s) or, lack thereof.

Please see the attached template for definitions of financial and nonfinancial relationships.

**3-2(a) \***

Are you using the "CE Provider Conflict Policy" template?

Yes

No

**3-2(a) COI Policy Template \***

Upload your organization's personalized template that details your organization's conflict of interest policy. Label/name the file 3-2a COI.

**3-2(a) COI Policy \***

Do you wish to upload your organization's policies or do you prefer to directly enter them into this application?

I will upload

I will enter the policies into this application

**Conflict of Interest Policy**

Your organization's conflict of interest policy must include the following

- a. Your organization's written process to identify relevant financial and non-financial relationships. This process must address and state the following
  1. how you obtain information prior to and during course planning about all existing and relevant financial and non-financial relationships from each individual developing and/or delivering CE course content [see Requirement 3-2(a)];
  2. how you identify relevant financial and non-financial relationships that have developed after course planning but prior to course deliver [see Requirement 3-2(b)]; and
  3. that individuals who refuse to complete a disclosure form will be disqualified and may not have control of, or responsibility for, the planning, management, presentation, or evaluation of the CE course [see Requirement 3-2(c)].
- b. Your organization's written process to resolve identified conflicts of interest [see Requirement 3.2(d)]. This process must address the following
  1. the actions your organization takes to determine if a conflict of interest disqualifies an individual from participation in course planning and/or delivery; and,
  2. the actions your organization takes to determine if a conflict of interest can be resolved by disclosure of the conflict to potential registrants and course attendees.
- c. Your organization's written process for disclosing the instructional personnel relevant financial or non-financial relationship(s) or lack thereof [see Requirements 3.2(e-g)]. This process must address the following

1. how you make disclosure available to potential registrants in promotional efforts [see Requirement 3-2(f)];
2. how you make disclosure available at the start of the course [see Requirement 3-2(f)]; and
3. how you ensure the disclosures include the following elements [see Requirement 3-2(g)]
  - name of the instructional personnel;
  - relevant financial relationship(s): listing the name of the organization and the type of financial relationship;
  - relevant non-financial relationship(s): listing the name of the organization and the type of non-financial relationship; and
  - if no relevant financial or non-financial relationships exist, that should be stated.

### **3-2(a) COI Policy File \***

Upload our organization's conflict of interest policy. Label/name the file 3-2a COI Policy.  
Conflict of Interest Policy

### **3-2(a)1 \***

Provide your organization's written process to identify relevant financial and non-financial relationships. This process must address and state the following

1. how you obtain information prior to and during course planning about all existing and relevant financial and non-financial relationships from each individual developing and/or delivering CE course content [see Requirement 3-2(a)];
2. how you identify relevant financial and non-financial relationships that have developed after course planning but prior to course deliver [see Requirement 3-2(b)]; and
3. that individuals who refuse to complete a disclosure form will be disqualified and may not have control of, or responsibility for, the planning, management, presentation, or evaluation of the CE course [see Requirement 3-2(c)].

### **3-2(a)2 \***

Provide your organization's written process to resolve identified conflicts of interest [see Requirement 3.2(d)]. This process must address the following:

1. the actions your organization takes to determine if a conflict of interest disqualifies an individual from participation in course planning and/or delivery; and,
2. the actions your organization takes to determine if a conflict of interest can be resolved by disclosure of the conflict to potential registrants and course attendees.

### **3-2(a)3 \***



Provide your organization's written process for disclosing the instructional personnel relevant financial or non-financial relationship(s) or lack thereof [see Requirements 3.2(e-g). This process must address the following

1. how you make disclosure available to potential registrants in promotional efforts [see Requirement 3-2(f)];
2. how you make disclosure available at the start of the course [see Requirement 3-2(f)]; and
3. how you ensure the disclosures include the following elements [see Requirement 3-2(g)]
  - o name of the instructional personnel;
  - o relevant financial relationship(s): listing the name of the organization and the type of financial relationship;
  - o relevant non-financial relationship(s): listing the name of the organization and the type of non-financial relationship; and
  - o if no relevant financial or non-financial relationships exist, that should be stated.

### **3-2(b) \***

Disclosure Form

Upload a single file of your organization's instructor/course planner disclosure form(s). Label/name your file Disclosure 3-2b.

If your organization does not have disclosure forms, sample forms are available for your use. Should you choose to use either form, please be sure to personalize the form before uploading it to this application.

### **3-3(a-f) \***

The organization must manage and disclose financial and in-kind support given by other organizations that is used to pay all or part of the costs of the CE course. If approved to be a provider, we agree to:

- a. Make all decisions regarding the allocation and disbursement of funds received from other organizations.
- b. Keep accurate and detailed written documentation of
  1. names of organizations that provided financial and/or in-kind support;
  2. dollar amount received from each organization;
  3. monetary value and description of in-kind support received; and,
  4. how the money and in-kind support were used.
- c. Communicate with organizations contributing financial and in-kind support that we are not required to accept advice or services from them concerning planners, instructional personnel, learners, courses, planning, implementation, or evaluation.
- d. Ensure that when payment for planners and instructional personnel is involved, payment comes directly from the Provider or cooperative party(ies) responsible for course content development, not from the other organization(s) providing financial or in-kind support for the CE course.
- e. Manage the disbursement of financial or in-kind support received from other organizations to pay for travel, lodging, and other expenses for learners when applicable.
- f. Disclose the names of other organizations contributing financial and in-kind support to learners prior to the beginning of the CE course.

Agree

### 3-4(a-d) \*

The organization must manage exhibits and advertisements associated with the CE Course. If approved to be a provider, we agree to:

- a. Maintain decision-making control over the placement of exhibits and advertisements and the time and place of social events and meals.
- b. Prohibit promotional activities in the physical or virtual location where CE courses are conducted.
- c. Ensure that products, equipment, or devices used in conducting the course are not sold or marketed as part of the instructional portion of the CE course.
- d. Ensure that print or digital course descriptions, promotional materials or advertisements will adhere to the following requirements:
  1. when referencing the credit offered, the specific types of CEUs, credit, or hours will be identified;
  2. advertising will not include the phrase "free ASHA CEUs," or any language implying or suggesting that the awarding of ASHA CEUs is free. The word "free" will only be used when advertising a course that has no registration fee;
  3. if course registration is free, but the purchase of an item related to the course is required to participate in the course - for example, a book or a device - then this will be disclosed to the learner prior to their registering for the course; and,
  4. the acronym "CEU" will not be used to mean "course."

Agree

### Requirement 4

System for Offering and Verifying Continuing Education Units

Please refer to the instructions.

### 4-1(a-k) \*

If approved to be a provider, we agree to ALL of the following.

- a. Use the Continuing Education Unit (based on 60 minutes of contact time equals 0.1 CEU) to calculate the credit available for each course offered through our ASHA provider approval.
- b. Submit course registration to ASHA CE on or before the appropriate registration deadline.
- c. Identify the key learning outcomes in the required course description on the course registration.
- d. Promote all courses submitted to ASHA CE as offering ASHA CEUs. Primary promotional materials will include the ASHA Approved CE Provider brand block, the required course information (number of ASHA CEUs to be offered for successful completion of the course and instructional level), and compliant speaker/instructor disclosure statements in the required format.
- e. Collect the information required to report participants' successful completion to ASHA CE.
- f. Report on each offering submitted to ASHA CE within stated deadlines. Reporting is required for course offerings with participants as well as those offerings that are canceled or held but with no participants requesting or eligible for ASHA CEUs.
- g. Maintain a permanent record keeping systems for retaining records of participants and ASHA CEUs earned for a minimum of 2 years from the completion date of the course offering.

- h. Ensure the privacy and security of participants' records.
- i. Verify that eligible course participants' names and number of ASHA CEUs awarded have been accurately recorded by the ASHA CE Registry. Notify ASHA CE of any errors in participants' name or number of ASHA CEUs awarded by the deadline specified on the Course offering roster.
- j. Not offer ASHA CEUs retroactively (i.e., to persons who did not meet the satisfactory completion requirements with the established timeframe or for courses that were not registered according to ASHA CEB requirements).

Agree

**4-2 \***

ASHA Approved CE Providers must have a system to ensure the privacy and security of participants' records. Describe your organization's system.

Privacy systems typically address:

- what personally identifiable information is gathered, such as name, address and credit card number;
- how participants' collected information is used and whether that usage includes sharing the information with others; and,
- if participant information may be shared with or sold to third parties and if so, under what circumstances.

Data security systems typically address:

- how participant information is handled if transported;
- how and where data is safely stored; and
- steps taken to ensure participant data is accurate and up-to-date.

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**4-3 \***

Identify the individuals (by title) within your organization who have access to your CE participants' records. The position(s) named here should be included in the organization chart and item 1-1(e) which is your Organizational Chart.

Course Offerings

**4-4(a) \***

Do you offer or plan to offer courses that are a half-day duration or less?

Yes

No

**4-4(a) Process \***

Describe your process for verifying participant attendance.

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**4-4(b) \***

Do you offer or plan to offer courses that extend over a half-day duration?

Yes

No

**4-4(b) Process \***

Describe your process for verifying participant attendance.

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**4-4(c) \***

Do you offer or plan to offer courses with multiple sessions (e.g., courses or sessions occurring at the same time, such as at a conference or convention)?

Yes

No

**4-4(c) Process \***

Describe your process for verifying participant attendance.

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**4-4(d) \***

Do you offer or plan to offer courses conducted at a distance (such as a live or recorded webinar)?

Yes

No

**4-4(d) Process \***

Describe your process for verifying participant attendance.

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**4-5 \***

If approved to be a Provider, we agree to determine if a participant can earn partial credit for a course. The partial credit decision will be made during the course planning process and the decision will be communicated to ASHA CE when submitting course and offering registration.

Agree

Live and Distance Learning Courses

**4-6(a) \***

Does your organization offer "live" or face-to-face (in person) courses?

Yes

No

**4-6(a) Description \***

Describe how you will collect the information required to report participants' successful completion to ASHA CE. This information includes first and last name, mailing address, email address, ASHA ID number and amount of CE credit earned.

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**4-6(b) \***

Does your organization offer online or distance learning courses (for example, live webinars or pre-recorded self-studies)?

Yes

No

Describe how you will collect the information required to report participants' successful completion to ASHA CE. This information includes first and last name, mailing address, email address, ASHA ID number and amount of CE credit earned.

**Requirement 5**

Needs Identification

Please refer to the instructions.

**5-1 \***

From the list below, select the process(es) your organization currently uses to determine learner educational needs and professional content of courses to be offered to speech-language pathologists and audiologists.

The process(es) selected should be consistent with the data gathering processes identified with the course samples (see Course Samples, Item f).

Select one or more options

- Surveys
- Solicit ideas and input
- Request learner educational needs on course evaluation form
- Regulatory requirements
- New research findings
- Newly released or uploaded clinical guidelines
- Other

**5-1 (Surveys) \***

From whom is this information gathered?

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**5-1 (Surveys) Frequency \***

How often do you use this process (daily, monthly, quarterly, etc.)?

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**5-1 (Ideas and Input) \***

From whom is this information gathered?

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**5-1 (Ideas and Input) Frequency \***

How often do you use this process (daily, monthly, quarterly, etc.)?

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**5-1 (Learner Needs) Frequency \***

How often do you use this process (daily, monthly, quarterly, etc.)?

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**5-1 (Regulatory Requirements) Frequency \***

How often do you use this process (daily, monthly, quarterly, etc.)?

**5-1 (New Research) Frequency \***

How often do you use this process (daily, monthly, quarterly, etc.)?

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**5-1 (Clinical Guidelines) Frequency \***

How often do you use this process (daily, monthly, quarterly, etc.)?

**5-1 (Other Process) \***

Please describe

**5-1 (Other Process) Who**

If applicable, from whom is this information gathered?

**5-1 (Other Process) Frequency \***

How often do you use this process (daily, monthly, quarterly, etc.)?

**5-2 \***

Data gathered through the mechanisms identified above in 5-1 are analyzed using the following methods. Check only those methods that are currently used.

The methods selected below should be consistent with the findings/analysis submitted with the course samples (see Requirement 13, Course Samples, Item f).

Select one or more options

Group qualitative data into recurring clinical topics

- Compile into a list of continuing education needs
- Organize data into frequency distributions
- Cross-tabulate needs assessment data
- Calculate response percentages
- Other

**5-2 (Other Method[s]) \***

Please describe

**5-3(a-c) \***

If approved to be a Provider, we agree to:

- a. ensure that courses are designed to meet the needs specifically identified in the needs assessment process;
- b. define the potential participants for each continuing education course and specify the target audience in promotional efforts; and,
- c. specify any course prerequisites in all promotional efforts.

Agree

**Requirement 6**

Learning Outcomes

Please refer to the instructions.

**6-1(a-e) \***

If approved to be a Provider, we agree to develop learning outcomes for each continuing education course that possess the following characteristics:

- 1. define the skills, knowledge, and/or attitudes the speech-language pathologists or audiologists should be able to demonstrate following the learning experience;
- 2. are clear and concise outcome statements focused on the performance of the learner and written in measurable and observable (when applicable) terms;
- 3. based on identified CE needs;
- 4. limited and reasonable given the subject and the duration of the course; and,
- 5. not influenced by product or service promotion.

Agree



**6-2 \***

How are learners informed of intended learning outcomes for your CE courses?  
Select one or more options

- Promotional materials (If selected, ensure that the promotional materials submitted with course samples include the learner outcomes).
- Registration confirmations
- Course handouts
- Website
- Other

**6-2 (Registration Confirmation) \***

Upload an example and label/name the file 6-2 Registration Confirmation.

**6-2 (Course Handouts) \***

Upload an example and label/name the file 6-2 Course Handouts.

**6-2 (Website)**

Upload a screenshot of the webpage and label/name the file 6-2 Webpage.

**6-2 (Other)**

Please describe

**6-2 (Other) Supporting Document \***

Upload an example or image and label/name the file 6-2 Other.

**Requirement 7**

Planning and Instructional Personnel

Please refer to the instructions.

Planning

**7-1 \***

If approved to be a Provider, we agree to consider the following criteria in screening (selecting) individuals (either within or outside of our organization) to develop course content and/or provide course instruction:

- a. educational qualifications (i.e., degree requirements, postdoctoral training, etc.);
- b. clinical or professional experience in course content (i.e., years of experience, internships, mentorships, publications, professional affiliations, research, certifications, etc.);
- c. instructional/teaching experience (i.e., other related courses taught by individual, etc.);
- d. familiarity with various instructional methodologies (i.e., demonstrated use of lecture, case presentation, role-play, question and answer, hands-on demonstration, etc.);
- e. completion of required disclosure documents and that it is possible to resolve any relevant financial or non-financial relationships;
- f. development of course content based on learner outcome(s) (i.e., review of course content prior to delivery of course, review of learner outcomes, time-ordered agenda, and handouts of related course developed by individual, etc.); and,
- g. ability to effectively communicate course content to participants (i.e., first-hand experience, word of mouth, references, interview, positive past participant evaluations, etc.).

Agree

Instructional Personnel

**7-2 \***

If approved to be a Provider, we agree to ensure that course instructors demonstrate high standards of professional conduct and will not discriminate against course participants on the basis of gender, race, age, socioeconomic or ethnic background, sexual orientation, or disability.

Agree

**7-2(a) \***

Provide your professional conduct and non-discrimination policies.

I wish to upload our policies

I wish to manually enter our policies

**7-2(a.1) \***

Upload your professional conduct and non-discrimination policies.

**7-2(a.1) \***

Enter your professional conduct and non-discrimination policies.

---

**7-2(b) \***

How does your organization inform instructors of your professional conduct and non-discrimination policies?

Select one or more options

- Policies are sent to instructors by postal mail or electronically
- Policies are available to instructors on the organization's website and instructors are advised to read policies
- Policies contained in speaker contract
- Instructors are employees and conditions of employment include these policies
- Other

**7-2(b) Mail \***

Upload an example of the materials that accompanies and references the policies and label/name the file 7-2(b) Materials.

**7-2(b) Website \***

Upload an image of the webpage and label/name the file 7-2(b) Webpage.

**7-2(b) Speaker Contract \***

Upload the speaker contract and label/name the file 7(b) Speaker Contract.

**7(b) Employee Policies \***

Upload a single file of the applicable pages from the employee handbook/guide and label/name the file 7(b) Employee Policies.

**7(b) Other Description \***

Please describe.

**7(b) Other Materials \***

Upload a single document with the supporting information/materials and label/name the file 7(b) Other Materials.

**7-3 \***

If approved to be a Provider, we agree to disclose to learners, in advance of any course, the instructional personnel's relevant financial and non-financial relationships or that there are no relevant relationships to disclose.

Agree

**7-4 \***

Identify how instructors are provided feedback on their performance following the course offering.

Select one or more options:

Verbal

Written

Provided copies of course evaluations

Follow-up meeting with CE staff

Other

**7-4 (Other) \***

Please describe

**7-4 (Other) Supporting Document**

If applicable, upload a single file containing example(s) and label/name the file 7-4 Materials.

For requirements 7-5(a-c) below, indicate who will be responsible to see that the task is completed and when in your course process it will be addressed (e.g., the number of days, weeks, or months prior to or after the course's start or end date).

Be sure that the position named as responsible party is also included in your response to Requirement. Which refers to your Organizational Chart 1-1(e).

**7-5(a) \***

Propose planning staff and instructor(s).

**7-5(b) \***

Make final selection of planners and instructor(s).

**7-5(c) \***

Provide instructor(s) with feedback on performance.

**Requirement 8**

Learning Environment and Support

Please refer to the instructions.

**8-1 \***

If approved to be a Provider, we agree to work with the instructor(s) to identify the following facility and learning support needs, as applicable, including:

- room size;
- meeting room(s) set-up;
- audio/visual;
- software program(s), and,
- equipment or materials specific to course content.

Agree

**8-2 \***

Indicate the method(s) your organization typically uses to evaluate facilities.

Select one or more options

- Use of a facilities checklist
- Contact with facility by phone, e-mail, etc.
- Site visit
- Reputation
- Prior experience with the facility
- Contract including meeting room specifications
- Other

**8-2 (Other) Facility \***

Please describe

### 8-3 \*

If approved to be a Provider, we agree to review the following factors when selecting facilities:

- universal access (physical, hearing, visual);
- adequacy of parking;
- uniform lighting;
- proper ventilation;
- proximity to public transportation;
- compliance with any state, local, territorial, or tribal health and safety laws, rules, and regulations;
- security arrangements (i.e., emergency exits, fire alarms, disaster planning, etc.); and,
- maintenance/remodeling occurring during course or meeting.

Agree

### 8-4 \*

Identify the types of learning support/resource materials typically provided at your courses.

Select one or more options

- Handouts
- PowerPoint with note pages
- Anatomical models
- Product samples
- Streaming media
- Reference articles
- Audio/video enhancements
- Other

### 8-4 (Other) Materials \*

Please describe

### 8-5 \*

How do participants attending your courses indicate their special needs (dietary, visual, hearing, physical) prior to the event?

Select one or more options

Promotional materials instruct participant to call or email (if checked, ensure that the promotional materials submitted with course samples include these instructions)

Indicate need on registration form

Registration confirmation instructs participants to call or email

Other

**8-5 (Registration Form) \***

Upload the registration form and label/name the file 8-5 Registration Form.

**8-5 (Registration Confirmation) \***

Upload the registration confirmation and label/name the file 8-5 Registration Confirmation.

**8-5 (Other) \***

Please describe

**8-5 (Other) Example \***

If appropriate, upload an example and label/name the file 8-5 Other.

**8-6 \***

If approved to be a Provider, we agree to ALL of the following:

- Learning experience and resource materials will be accessible to all individuals, including participants with disabilities.

(ADA legal accessibility requirements of business and non profit service providers)

- Products, equipment or devices that are used to conduct a course will not be sold or marketed as part of the instructional portion of the course.
- It will be communicated prior to registration if it is recommended or required that the learner purchase a product or service in order to participate in a course.

Agree

For requirements 8-7(a-c) below, indicate who will be responsible to see that the task is completed and when in your course process it will be addressed (e.g., the number of days, weeks, or months prior to the course's start date).

Be sure that the position named as the responsible party is also included in your response to Requirement. Which refers to your Organizational Chart 1-1(e).

**8-7(a) \***

Identify and select appropriate and accessible facilities.

**8-7(b) \***

Determine learning resources needed to accomplish the learning outcomes.

**8-7(c) \***

Account for special needs requests.

**Requirement 9**

Content and Methodology

Please refer to the instructions.

**9-1(a-e) \***

If approved to be a Provider, we agree that the content of all courses offered for ASHA CEUs will possess the following characteristics:

- a. Content is clearly related to the sciences as they pertain to speech-language pathology, audiology, or speech/language/hearing research and/or the contemporary practice of speech-language pathology and/or audiology.
- b. Content focuses on scientific and professional education, not product or service promotion. Selling or marketing specific products or services during the instructional portion of a course is prohibited in courses offered for ASHA CEUs.
- c. Content is organized in a logical manner.
- d. Content and supplemental learning materials are current, suitable, and appropriate for the learning course.
- e. Content is designed to explore one subject or a group of closely related subjects, and courses with multiple components are devoted to integrally related subjects.

Agree

**9-2 \***

If approved to be a Provider, we agree, during course planning, to ensure that instructional methods used will:

- offer opportunities for learners to
  - participate;
  - receive feedback from instructor; and



- reinforce knowledge and skills.
- offer instructional methods and styles that are appropriately varied to accommodate audience members with different learning styles.

○ Agree

### 9-3 \*

During course planning, how do you typically communicate with course instructors/planners to ensure instructional methodology offers opportunities for learner interaction, instructor feedback, and reinforcement of learned knowledge and skills?

Select one or more options

- Contract specifies instructional methodology(-ies) to be used
- Face-to-face meetings to discuss course and instructional methodologies
- Phone/e-mail conversations during course planning
- Review course materials and instructional methodologies prior to course
- Other

### 9-3 (Other) \*

Please describe

#### Policies & Procedures for Intellectual Property Rights

Your organization must have policies and procedures regarding intellectual property rights (i.e., policies and procedures to protect against the unauthorized use and/or misuse of any product of the intellect that has commercial value, including copyrighted property such as literary or artistic works, and ideational property, such as patents, appellations of origin, business methods, and industrial processes).

The intellectual property rights policy should address the following:

- ownership and control of courses and related materials developed by employees (if applicable);
- ownership and control of courses and related materials developed by contracted instructors (if applicable); and,
- responsibility for ensuring that any source material used in the course or handouts has been properly cited and that copyright laws have been followed.

If your organization does not currently have a policy addressing intellectual property rights you will need to develop and implement a policy prior to submitting this application. Intellectual property policies are specific to individual organizations and ASHA CE cannot recommend a specific format or template. However, you may find information helpful to the development of your organization's policy on the [Copyright.gov](http://Copyright.gov) website.

**9-4 \***

Upload your organization's policies and procedures for intellectual property rights and label/name the file Intellectual Property Rights Policy 9-4.

**9-5 \***

If approved to be a Provider, we agree to routinely review course content for quality, currency, and effectiveness in assisting learners achieve learning outcomes.

Agree

For requirements 9-6(a-b) below, indicate who will be responsible to see that the task is completed and when in your course process it will be addressed (e.g., the number of days, weeks, or months prior to the course's start date).

Be sure that the position named as the responsible party is also included in your response to Requirement. Which refers to your Organizational Chart 1-1(e).

**9-6(a) \***

Establish content and instructional methodology.

**9-6(b) \***

Develop time-ordered agenda, course syllabus, or table of contents (depending on course type).

**Requirement 10**

Satisfactory Completion

Please refer to the instructions.

**10-1 \***

If approved to be a Provider, we agree to establish satisfactory completion requirements for each course. These requirements will be based on the purpose and the learning outcomes for the course. The satisfactory completion requirements may be demonstrated learning (e.g., projects, presentations, or products through which participants "demonstrate" what they have learned), attendance, or a combination of demonstrated learning and attendance.

Agree

**10-2 \***

How do you notify participants before the course about the requirements for satisfactory completion of the course and the earning of ASHA CEUs?

Select one or more options

Promotional materials (if checked, ensure that the promotional materials submitted with the course samples include the satisfactory completion requirements)

Registration confirmations

Website

Other

**10-2 (Registration Confirmations) \***

Upload your registration confirmation and label/name the file 10-2 Registration Confirmation.

**10-2 (Website) \***

Upload an image of your webpage and label/name the file 10-2 Webpage.

**10-2 (Other) \***

Please describe

**10-2 (Other) Supporting Document \***

If applicable, upload an example and label/name the file 10-2 Other.

**10-3 \***

How are participants who have not met the requirements for satisfactory completion of a course notified?

Select one or more options

End of course

Mail

Electronically

Phone

Other

**10-3 (Other) \***

Please describe

### **Requirement 11**

#### Assessment of Learning Outcomes

Please refer to the instructions.

#### **11-1 \***

Identify the method(s) of learner assessment most commonly used in your continuing education courses.

Select one or more options

- Self assessment
- Formal exam
- Pre/post test
- Clinical practicum/hands-on demonstration
- Coursework/projects (e.g., periodic assignments, term paper, etc.)
- Other

#### **11-1(a) Other \***

Please describe

#### **11-2**

If you selected formal exam, pre/post test, clinical practicum/hands-on demonstration, or coursework/projects in question 11-1 above, how do you notify participants before the course about the required assessment procedures and criteria for earning ASHA CEUs?

Select one or more options

- Promotional materials (if checked, ensure that the promotional materials submitted with course samples include the learner assessment procedures and criteria for successful completion)
- Registration confirmations
- Course handouts

Other

**11-2 (Registration confirmations) \***

Upload the registration confirmation and label/name the file 11-2 Registration Confirmations.

**11-2 (Course Handouts) \***

Upload a single file of the course handouts and label/name the file 11-2 Course Handouts.

**11-2 (Other)**

Please describe

**11-2 (Other) Supporting Document \***

If applicable, upload an example and label/name the file 11-2 Other.

Indicate below who will be responsible to see that the task is completed and when in your course process it will be addressed (e.g., the number of days, weeks, or months prior to the course's start date).

Be sure that the position named as the responsible party is also included in your response to Requirement. Which refers to your Organizational Chart 1-1(e).

**11-3.1 \***

Determine learning assessment procedures and outcomes.

**Requirement 12**

Program Evaluation

Please refer to the instructions.

**12-1 \***

Indicate the program evaluation method(s) your organization uses to evaluate each of its continuing education courses?

Select one or more options

Standard participant evaluation (this form is used for every course your organization offers)

Other

### 12-1 Standard Evaluation \*

Upload your standard evaluation form and label/name the file 12-1 Standard Evaluation.

### 12-1 (Other Methods) \*

Provide the other method(s) used to evaluate your continuing education courses.

#### 12-1.1

Indicate below who will be responsible to see that the course evaluation procedures are completed and when in your course process it will be addressed (e.g., the number of days, weeks, or months after the course ends).

Be sure that the position named as responsible party is also included in your response to Requirement. Which refers to your Organizational Chart 1-1(e).

### 12-2 \*

How does your organization evaluate the degree to which instructional personnel conflicts of interest and financial and in-kind support were managed in a way that fostered transparency and openness?

Select one or more options

- Participants respond to a question on the program evaluation form (please ensure the question is on the evaluation form submitted for Item 12-1).
- Feedback from CE staff, instructor, etc.
- Follow-up course surveys sent to participants
- Other

### 12-2 (Other) \*

Please describe

### 12-3 \*

What other sources of program evaluation data do you use?  
Select one or more options

- Do not collect data from other sources
- Feedback from CE staff, instructor, etc.
- Surveys

- Telephone interviews
- Telephone, e-mail, and letter correspondence
- Other

**12-3 (Other) \***

Please describe

**12-4 \***

Identify the parties involved in analyzing program evaluation data. The parties selected should be identified in items 1-1(d) and (e).

Select one or more options

- CE administrator
- Program planner
- CE unit staff
- Board of Directors
- CE content consultant
- Instructor(s)
- Advisory group
- Professional consultant
- Other

**12-4 (Other) \***

Provide the position(s) and position description.

**12-5 \***

Which method(s) do you typically use to analyze program evaluation data?

The method(s) selected should be consistent with results (item 1) submitted with the course samples.  
Select one or more options

Coding. Open-ended comments are coded based on similar themes, then summarized. CE staff discuss similarities and differences found in the data.

Interpretive technique. CE staff examines the qualitative data and interprets to form an impression and then report their impression in a structured format.

Frequency distribution analysis. The number of scores that fall within each response category are recorded to determine the mean and median for each response.

Cross tabulation analysis. Use data to develop a contingency table displaying the joint distribution of two or more variables as a method of understanding relationships.

Other

**12-5 (Other) \***

Please describe

**12-6**

How often is program evaluation data reviewed?

Select one or more options

Immediately following each course

Monthly

Quarterly

Semi-annually

Other

**12-6 (Other) \***

Please describe

**Course Samples \***

**Requirement: Course Samples**

Provide information on three courses your organization has conducted in the past 24 months. The intended audience for the course content must include audiologists and/or speech-language pathologists to be appropriate for ASHA CEUs. The courses must demonstrate compliance with CEB requirements. If you indicated in your application that certain items would be included in your promotional materials (e.g.,



learner outcomes, satisfactory completion requirements), please be sure they are included for each course submitted.

For more information about what we are looking for, see Submitting Course Samples (right click to open in a new window).

To add a course, select "Add Course Sample" and enter the information for that course. Be sure to click "Add" when done and then select "Add Course Sample" again to add the next course.

\*Please note: You will not be able to save the information you enter for a course until you complete all sections and click "Add." Once you add one course, you can save and return later to enter the other courses.

If you do not have three courses to submit, you must delay submitting this application until three courses have been conducted.

A note on course sample promotional materials: We understand that you may not have offered these courses for ASHA CEUs. However, we would like to see that you are able to meet our requirements in your submission. It is acceptable to mock-up promotional materials that include all required elements and the following resources may help:

- Guidelines for Advertising, Promoting, or Announcing Courses Offered for ASHA CEUs.
- Creating Compliant Promotional Materials

### **ASHA Approved CE Provider Agreement**

As an ASHA Approved CE Provider, our organization agrees to:

1. Provide accurate and truthful information to ASHA Continuing Education in all transactions to the best of our knowledge.
2. Conduct our operations and continuing education (CE) courses in an ethical manner that respects the rights and worth of the individuals we serve.
3. Provide full and accurate disclosure about our CE courses and fees in our promotions and advertising.
4. Use the ASHA Approved CE Provider brand block without any modifications when advertising CE courses offered for ASHA CEUs.
5. Report to ASHA CE any major organizational or program changes within 30 days that have an impact on the role and mission of the organization and/or administrative unit on which ASHA CE Provider approval is based currently.
6. Report to ASHA CE within 30 days any decision to change the person designated as the ASHA CE administrator. Please use the Change of CE Administrator form to request the change in personnel. ASHA CE reserves the right to request additional documentation as needed to verify the new CE administrator's qualifications. If the replacement is not a member of or certified by ASHA, please submit information for the CE Content Consultant using the link above.
7. If accredited or approved by another ASHA approval body, notify ASHA CE within 30 days if our organization is placed on probation or has its accreditation/approval withdrawn for any reason (voluntary or involuntary).

8. Accept CEB-designated monitors in any programs we provide for purposes of monitoring compliance with CEB requirements, and to waive registration fees for such monitors.
9. Furnish requested information, work cooperatively with ASHA CE, and pay fees in a timely manner.
10. Operate within the CEB requirements and the terms of this agreement or relinquish our approval status after due process.
11. Upon notification from ASHA CE, abide by any revision of the CEB requirements, or inform ASHA CE of intentions to withdraw.
12. Abide by the one person contact policy established by ASHA CE. The CE administrator will act as sole liaison between the ASHA Approved CE Provider and ASHA CE.

**Organization \***

We, the below identified organization, hereby agree to all of the foregoing terms and conditions.

**CEA Signature \***

As the designated CE Administrator (CEA), I have read the CEA job description and understand the role and responsibilities of the CEA. I have read and become familiar with all ASHA Continuing Education Board (CEB) requirements, policies, and procedures, as outlined in the CEB Manual. I will review the ASHA Continuing Education webpages throughout each year to remain updated on any revisions to CEB requirements, policies, procedures, and guidelines.

Digital Signature: ASHA CE Administrator

**Date \***

**CEA Full Name \***

**CEA Title \***

**CEA Phone \***

**CEA Email \***

**CEA ASHA Standing \***

Is the CE administrator a member of ASHA or certified by ASHA?

Yes

No

**ASHA CE Content Consultant Agreement**

As the proposed CE Content Consultant, I have read the CE Content Consultant job description and understand my role and responsibilities.

I agree to:

1. Serve in an advisory capacity to the CE administrator and be involved in all course planning, implementation, and evaluation.
2. Ensure that all course content and learning outcomes are related to the sciences as they pertain to speech-language pathology, audiology, speech/language/hearing sciences, and/or the contemporary practice of speech-language pathology and audiology.

**CE Consultant Signature \***

Digital Signature: ASHA CE Content Consultant

**Date \***

**CE Consultant Full Name \***

**CE Consultant Title \***

**CE Consultant Phone \***

**CE Consultant Email \***

**Name \***

**Title \***

**Signature**

**Date \***

**Agreements**

**ASHA Approved CE Provider, Cooperative Offerings, and Independent Study**

**Cooperative Offerings**

As an ASHA Approved Continuing Education (CE) Provider, your organization may wish to conduct cooperative offerings. A cooperative course/offering(s) is when an ASHA Approved CE Provider joins with an organization or entity that is not an ASHA Approved CE Provider to plan, deliver, and evaluate a continuing education course/offer(s) for ASHA continuing education units (CEUs). ASHA CE considers a course/offering(s) cooperative if another party or entity is not part of the organization that has been approved as the ASHA Approved CE Provider, as detailed in the application to become an ASHA Approved CE Provider. For large organizations who choose to have a smaller department, school, or unit become the ASHA CE Provider, courses planned with other departments, schools, or units within the larger organization may qualify as cooperative offerings.

**Independent Study**

As an ASHA Independent Study Provider, your organization can offer an additional service to individuals seeking an opportunity to design individualized learning events to meet specific needs.

An independent study course is a learner-initiated and designed educational experience for the enhancement of skills and knowledge in a specific area that is relevant to the discipline of communication sciences and disorders. The learner-proposed independent study plan is reviewed, monitored, and approved by the CE administrator of the ASHA Approved Independent Study Provider.

Please review the CEB Manual which addresses both cooperative offerings and independent study as well as the CEB requirements for ASHA Approved CE Providers, before completing the agreements.

### **Cooperative Offerings Agreement**

**Please review the cooperative offering requirements before responding to this next series of questions.**

#### **CO Agreement \***

If approved to be a Provider, we agree to serve as a Provider of cooperative offerings.

Yes

No

#### **CO Agree (a-e) \***

If approved to be a Provider, we agree to

- a. adhere to the ASHA CEB requirements to determine if a CE course is considered a cooperative offering;
- b. develop procedures and timelines to ensure that all CEB requirements are met when working with another organization;
- c. inform the organization(s) interested in working with us of our procedures, policies, and fees related to conducting a cooperative offering;
- d. work closely with the other organization(s) during the planning, promoting, conducting, and reporting of the course; and,
- e. take full responsibility for ensuring all CEB requirements are met when conducting cooperative offerings.

Agree

### **Independent Study Agreement**

Please review the independent study requirements before responding to this next series of questions.

#### **IS Agreement \***

If approved to be a Provider, we agree to serve as a Provider of Independent Study courses.

Yes

No

**IS Agree 1(a) \***

If approved to be a Provider, our ASHA CE administrator agrees to complete an ASHA Independent Study Orientation.

Agree

**IS Agree 2(a-d) \***

If approved to be a Provider, we agree to

- a. inform participants of our procedures, policies, and fees (if applicable) related to the Independent Study plan;
- b. adhere to the CEB Requirements for Providers of Independent Study courses;
- c. refuse any Independent Study plan that was completed before the participant contacted our organization; and,
- d. verify that each independent study course is relevant to the field of communication disorders and is in compliance with CEB requirements.

Agree

**CE Administrator Attestation**

I have read this application in its entirety and attest to the accuracy of its content. Upon notification of approval as an ASHA Approved CE Provider, I agree to uphold the policies and procedures of the ASHA Continuing Education Board (CEB) as stipulated in the application.

**CEA Full Name**

**CEA Mailing Address**

**CEA Phone \***

**CEA Fax**

**CEA Email**

**Signed \***