

ASHA CEU Participant Form

American Speech-Language-Hearing Association Continuing Education Registry

Provider Code

Licensed

Certified:

(State and License #)

Clinical Fellow:

Last Name (Only)

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(State/Organization and #)

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(Supervisor name and her/his ASHA account number)

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If not an ASHA member or CCC holder, you must be licensed or credentialed to practice

Course Number

(University name and expected graduation date)

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Completion Date

Submit this form to the Provider at the end of the course if you wish to earn and maintain ASHA CEUs through the ASHA CE Registry (annual fee required). Name speech-language pathology (SLP) or audiology or preparing to practice to earn ASHA CEUs. Address City State Zip Country Daytime Phone ((Include Area Code) E-mail Address Please enter your last name (as it appears on your ASHA id card) below. Enter the letters in the ASHA Account Number spaces provided in the 1st row and fill the entire box that corresponds to the letter in each column. You must provide your ASHA Account Number. Α Α Α 1 1 1 1 1 1 1 2 2 2 2 2 2 2 2 2 В В В 3 3 3 3 3 3 3 3 3 С С С 4 4 4 4 4 4 4 4 4 D D D 5 5 5 5 5 5 5 5 5 Е Е Е 6 6 6 6 6 6 6 6 6 F F F 7 7 7 7 7 7 7 7 7 G G G 8 8 8 8 8 8 8 8 8 Н Н Н 9 9 9 9 9 9 9 9 9 0 1 0 0 0 0 0 0 0 To update your address or phone number, or to obtain J J J your ASHA Account Number call ACTION CENTER К К K at 1-800-498-2071 between 8:30am and 5:00pm. E.T. L L L **Provider Use Only** Complete only for those participants receiving less М М М than the maximum number of ASHA CEUs (i.e., Ν Ν Ν partial credit). Please fill in leading zeros followed by the number of ASHA CEUs. For example, to indicate a 0 0 0 participant earned .55 ASHA CEU's (that is, 5 1/2 hours) write 0055. Р Р Р Q Q Q R R R 1 1 1 1 1 S S S 2 2 2 2 2 3 3 3 3 3 Т Т Т 4

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