

**MSHA CONTINUING EDUCATION ACTIVITY
APPROVAL WORKSHEET – ASHA CE EVENTS**

Due Date: All documents and Fees must be received a minimum of 60 days prior to event date start.

Contact Person: _____

Address: _____
(For mailing of CE information/correspondence) (City) (State)

Contact Phone: _____ **Contact Email:** _____

Organization/company offering CE activity: _____

Location of the activity: _____

Beginning date of activity: _____ **Ending date of Activity:** _____

Total CEUs offered: _____ **Total Hours offered:** _____
(60 minutes or 1 contact hour = 0.1 CEU, time does not include breaks)

Activity Title (not to exceed 60 characters): _____

Description of activity (not to exceed 300 characters): _____

Instructional Level:

- Introductory – assumes little/no familiarity with the area. Advanced – assumes thorough familiarity with the area
 Intermediate – assumes general familiarity with the area Various – single level cannot be determined; multiple sessions

Content Code: Professional Related

Type of Activity (check only one):

- Workshop In-service Teleconference/Webinar
 Seminar Journal Group Independent Study
 Conference Study Group

Subject Code (check only one):

- | | |
|---|--|
| <input type="checkbox"/> 1010 Fluency Disorders - Assess and Interv | <input type="checkbox"/> 7015 Pre-profess Education Assoc. with Sp/Lang/Hearing |
| <input type="checkbox"/> 1020 Voice Disorders - Assess and Interv | <input type="checkbox"/> 7020 Education/Training issues in Sp/Lang/Hearing |
| <input type="checkbox"/> 1030 Motor Disorders of Speech - Assess & Interv | <input type="checkbox"/> 7025 Regulatory Issues in Sp/Lang/Hearing |
| <input type="checkbox"/> 1040 Dysphagia - Assess and Interv | <input type="checkbox"/> 7030 Cultural and Linguistic Diversity in Education & Public Policy |
| <input type="checkbox"/> 2010 Speech Science | <input type="checkbox"/> 7040 Psycho-social Issues in Assess & Interv. |
| <input type="checkbox"/> 3010 Lang Disorders - Assess & Interv | <input type="checkbox"/> 7050 Leadership and Managmnt in Profess Practice Setting |
| <input type="checkbox"/> 3030 Lang Disorders -Aphasia and Acquired Neurogenic Disorders & Cognition | <input type="checkbox"/> 7060 Patient Safety and Prevention of Medical Errors |
| <input type="checkbox"/> 3040 Language Disorders - AAC | <input type="checkbox"/> 8010 Microcomputer and Technology |
| <input type="checkbox"/> 3050 Language Disorders - Articulation | <input type="checkbox"/> 9010 Speech-Language Conferences with Multiple Sessions |
| <input type="checkbox"/> 4010 Language Science | <input type="checkbox"/> 9015 SLP Self Study or Journals |
| <input type="checkbox"/> 5010 Audiology - Assessment | <input type="checkbox"/> 9020 Audiology Conferences w/ multi sessions |
| <input type="checkbox"/> 5020 Audiology - Habilitation/Rehabilitation | <input type="checkbox"/> 9025 Audiology Self Study or Journals |
| <input type="checkbox"/> 5030 Hearing Assistive Technology | <input type="checkbox"/> 9030 Audiology and SLP Conferences with multiple sessions |
| <input type="checkbox"/> 5040 Industrial Audiology/Hearing Conservation | <input type="checkbox"/> 9035 Audiology and SLP Self Study or Journal |
| <input type="checkbox"/> 6010 Hearing Science | <input type="checkbox"/> 9040 Review Courses for National Exam in SLP or Audiology |
| <input type="checkbox"/> 7010 Service Delivery assoc with Sp/Lang/Hearing | |

Needs Assessment: Check all that apply:

- Interviewed key individuals Surveyed sample population Conducted focus group(s)
 Other _____

Learning Outcomes: Describe the skills, knowledge and/or attitudes (learning outcomes) participants will be able to demonstrate as a result of this activity. These must be measurable such as: participants will: demonstrate or describe or identify, etc.

Assessment of Learning: Describe the method(s) you will use to assess the learner outcomes. Include sample form(s) if applicable.

Time Ordered Agenda: A time ordered agenda that lists the activity's schedule by time periods including content, instructional personnel, etc.

Promotional Material: Attach the draft brochure or information you will use to advertise and promote this activity. The final published brochure must be forwarded to MSHA as soon as available. Ensure that the promotional brochure/information contains the appropriate disclosure statements as described below and in the MSHA Guidelines for content, financial/in-kind support, and speaker/planner.

Program evaluation: Describe the procedure you will use for program evaluation. Include sample form(s) if applicable.

Instructional Personnel: Provide each speaker's name, affiliation and a brief description of qualifications.

Instructor/Speaker Disclosure: Indicate the method you will use to disclose to participants the proprietary interests or affiliation of each instructor/speaker:

- Announcement by instructor/speaker
 Announcement by individual introducing the instructor/speaker
 Printed information distributed to participants prior to activity (attach sample)

Requirements for satisfactory completing/award of CEUs:

- Attendance (describe method you will use to verify attendance or provide an example)
 Attainment of learning outcomes (describe method you will use or provide an example)

Course Content Disclosure (please see MSHA Guidelines, Appendix I)

- This program does not provide promotional information about a product or service.
 This program does provide promotional information about a product or service.
 A Content Disclosure statement is provided in the promotional brochure.

Speaker/Planner Disclosure (please see MSHA Guidelines, Appendix II)

- This program did not receive financial or nonfinancial support for the speaker/planner.
 This program did receive financial or nonfinancial support for the speaker/planner. Sample disclosure(s) to participants is provided.

Completion of the Program Planner/Instructional Personnel Relationship Disclosure Form

- Disclosure form was completed by the Speaker/Instructor and is enclosed.
 Disclosure form was completed by the Planner(s) and is enclosed.

Course Financial and In-Kind Support Disclosure (please see MSHA Guidelines, Appendix III)

- This program did not receive financial or in-kind support to hold this event.
 This program did receive financial or in-kind support to hold this event. Sample disclosure(s) to participants is provided.

Fees and Deposits:

ASHA FEE

\$325 ASHA processing fee

- Check enclosed payable to ASHA
 Credit Card Visa MasterCard Discover

Credit Card Number _____
Expiration Date _____
CID Number located on the back of the card _____

Billing Address for Credit Card Listed

Authorized Signature: _____

MSHA Per Attendee Fee

MSHA Deposit \$100 (non-refundable)

The deposit will be applied to your per attendee fees. Minimum payment is \$100.

- Check enclosed payable to MSHA
 Credit Card Visa MasterCard Discover

Credit Card Number _____
Expiration Date _____
CID Number located on the back of the card _____

Billing Address for Credit Card Listed

Authorized Signature: _____

Event Information:

Email to msha@showmemsha.org

(Due a minimum of *60 days prior* to the event date)

Questions

Please call us at 1-888-729-6742.