

**MSHA Continuing Education Activity
APPROVAL WORKSHEET – MSHA CLOCK HOURS EVENTS**

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.

Intermediate – assumes general familiarity with the area

Advanced – assumes thorough familiarity with the area

Various – single level cannot be determined; multiple sessions

Content Code: Professional Related

Type of Activity (check only one):

Workshop

Seminar

Conference

In-service

Journal Group

Study Group

Teleconference/Webinar

Independent Study

Subject Code (check only one):

1010 Fluency Disorders - Assess and Interv

1020 Voice Disorders - Assess and Interv

1030 Motor Disorders of Speech - Assess & Interv

1040 Dysphagia - Assess and Interv

2010 Speech Science

3010 Lang Disorders - Assess & Interv

3030 Lang Disorders -Aphasia and Acquired
Neurogenic Disorders & Cognition

3040 Language Disorders - AAC

3050 Language Disorders - Articulation

4010 Language Science

5010 Audiology - Assessment

5020 Audiology - Habilitation/Rehabilitation

5030 Hearing Assistive Technology

5040 Industrial Audiology/Hearing Conservation

6010 Hearing Science

7010 Service Delivery assoc with Sp/Lang/Hearing

7015 Preprofess Education Assoc with Sp/Lang/Hearing

7020 Education/Training issues in Sp/Lang/Hearing

7025 Regulatory Issues in Sp/Lang/Hearing

7030 Cultural and Linguistic Diversity in Education & Public
Policy

7040 Psycho-social Issues in Assess & Interv

7050 Leadership and Manag in Profess Practice Setting

7060 Patient Safety and Prevention of Medical Errors

8010 Microcomputer and Technology

9010 Speech-Language Conferences with Multiple Sessions

9015 SLP Self Study or Journals

9020 Audiology Conferences w/ multi sessions

9025 Audiology Self Study or Journals

9030 Audiology and SLP Conferences with multiple sessions

9035 Audiology and SLP Self Study or Journal

9040 Review Courses for National Exam in SLP or Audiology

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.

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.

MSHA Deposit:

\$100 MSHA Deposit

- Check enclosed payable to MSHA
 Credit Card Visa MasterCard

Credit Card Number _____ Expiration Date _____

Authorized Signature: _____

Send information to: MSHA CENTRAL OFFICE, 2000 East Broadway, PMB 296, Columbia, MO 65201. If you have questions, please call us at 1-888-729-6742 or email us at msha@showmemsha.org.

Timeframe – In accordance with ASHA timeframes, the above requested information must be received by the MSHA Office 60 days in advance of the event.