



ASHA CEU/Act 48 Conversion Form

For Use to obtain Act 48 CE hours for Attendance to ASHA approved workshops (Jan 2001- current)

Must be completed and legible to be accepted. PLEASE PRINT.

Name _____ SS# | | | | | - | | | | - | | | | |

or PDE Professional Personnel ID # | | | | | | | | |

Address _____ City/State/Zip _____

Phone Number _____ Email _____

School or Employer _____

Dates (start to end dates)	ASHA Approved Workshop Title	Support attached	Hours approved
		<input type="checkbox"/> ASHA CE registry transcript, highlighted OR <input type="checkbox"/> Proof of attendance, brochure and sessions highlighted	
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The following criteria must be met in order for Act 48 CE hours to be awarded:

- Content of content is related to professional development for attainment of PA academic standards K-12 and high quality instruction;
- Is planned and conducted by personnel who have the academic degree and experience of the subject matter;
- Has clear and concise skill based competencies that are intended to be mastered upon completion;
- Requires that participants demonstrate attainment of the competencies.
- Attach required support : ASHA CE Registry Transcript (with convention and hours highlighted) **OR** Proof of attendance AND brochure

In adherence to the ASHA Code of Ethics, I affirm the conventions I attended met the criteria listed above.

Signature of attendee / date _____

Annual CEU fee (check one): ___ PSHA Member \$25 ___ Non-member \$50
(Please attach fee with this form. The fee covers all submissions during current calendar year.)

Payment Method (check one) ___ Check (payable to PSHA) ___ VISA ___ MASTERCARD

Credit Card Number _____ Expiration Date _____

Please forward to : PSHA Office
700 McKnight Park Drive, Suite 708
Pittsburgh, PA 15237
FAX 412-366-8804

Questions? Call 412-366-9858 or email psha@psha.org.