

**PSHA Continuing Education Activity Application (Approval Worksheet)**

**The following form and documents are due no later than 60 days prior to the event**

**Documents accepted via email: [acaye@robertcraven.com](mailto:acaye@robertcraven.com) or mail to address below.**

**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):** \_\_\_\_\_

**Select CEUs/Hours Requesting:**  ASHA CEUs  ACT 48 Hours

**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 \_\_\_\_\_

**Please Provide the Following via E-mail:**

**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, identify, list 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 PSHA as soon as available. Ensure that the promotional brochure/information contains the appropriate disclosure statements as described below and in the PSHA Guidelines for content, financial/in-kind support, and speaker/planner. Leave space for the ASHA Brand Block and CE Sentence "This course is offered for X.XX CEUs (Intermediate Level, Professional Area)"

**Program evaluation** - Include sample of questions you will ask.

**What did you learn questions: Attendees will need to answer the following question:** What 3 things have you learned during this presentation? Completed forms will need to return to the PSHA Office.

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

**Instructor/Speaker Disclosure:** Return a completed Disclosure form for each presenter and 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 PSHA 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 PSHA 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 PSHA 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

## ASHA Filing Fee \$400

Check enclosed payable to ASHA

Credit Card     Visa     MasterCard     Discover     American Express

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

3 Digit Security Number located on the back of the card \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address for credit card: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

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## PSHA Per Attendee Fee

**\$200 per Attendee Fee Deposit (nonrefundable)**

**This minimum payment will be applied to your per attendee fee. Should your total fee exceed the deposit, the balance will be due immediately following the event.**

**ASHA Only, \$5.00 per attendee    |    ASHA + ACT 48, \$7.00 per**

Check enclosed payable to PSHA

Credit Card     Visa     MasterCard     Discover     American Express

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Card Billing Address \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

### **Send information to:**

Email: [acaye@robertcraven.com](mailto:acaye@robertcraven.com)

Mail: PSHA Office, 700 McKnight Park Drive, Suite 708, Pittsburgh, PA 15237

**Questions:** Contact the PSHA Office at 412-366-9858

**Timeframe – In accordance with ASHA timeframes, the above requested information must be received by the PSHA Office no later than **60 days in advance of the event.****