

NYSSLHA CE Activity Approval Worksheet

Submission Deadline: NYSSLHA Office must receive all required information no later than 60 days in advance of the event.

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. Participants are required by ASHA to list 3 things they learned during your event. Please provide a document that each attendee will complete. Completing this form is required by ASHA. This form will need to be returned to the NYSSLHA Office along with the Participant Form (ASHA Bubble Sheet).

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

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.

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 NYSSLHA as soon as available. Ensure that the promotional brochure/information contains the appropriate disclosure statements as described below and in the NYSSLHA Guidelines for content, financial/in-kind support, and speaker/planner.

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 NYSSLHA 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. **If this is checked, you must provide the disclosure statement that will be provided to the learners.** (see NYSSLHA Guidelines, Appendix I for sample disclosure statements)

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

- Each course planner and instructional personnel has provided disclosure information. Instructional personnel disclosure has been placed in the promotional material and will be made available prior to the beginning of the course.

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 NYSSLHA 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. **If this is checked, you must provide the disclosure sample that will be provided to the learners.** (see NYSSLHA Guidelines, Appendix III)

ASHA Fee and NYSSLHA Deposit
(If paying by check, please provide 2 separate checks)

\$400 ASHA processing fee

Payment Options:

- Check enclosed **payable to ASHA**
 Credit Card Visa MasterCard

Credit Card Number _____ Expiration Date _____
Name on Card _____
Billing Address for card _____

CID Number located on the back of the card _____

Authorized Signature: _____

\$200 NYSSLHA Per Attendee fee Deposit

Attendee fees that exceed the \$200 original deposit are due with the final submission. The Deposit is non-refundable and will be applied to the total "per attendee" fee (\$10 per attendee – This is assessed on all attendees, not just those submitting to ASHA)

Payment Options:

- Check enclosed **payable to NYSSLHA**
 Credit Card Visa MasterCard

Credit Card Number _____ Expiration Date _____
Name on Card _____
Billing Address for card _____

Authorized Signature: _____

_____ (authorized signature)

I agree to the terms of payment as stated above state fees and the requirements noted in the Guidelines for ASHA
Co-Sponsorship of Continuing Education Activities

Send information to acaye@robertcraven.com or mail to:

Craven Management Associates, LLC
NYSSLHA Office
700 McKnight Park Drive, Suite 708
Pittsburgh, PA 15237

Submission Deadline

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

Questions

Contact the NYSSLHA Office at 888-697-7542 acaye@robertcraven.com.