



ASHA CEU Participant Form
American Speech-Language-Hearing Association
Continuing Education Registry

Provider Code AARJ Course Number 1110 Completion Date November 10, 2016

Submit this form to the Provider at the end of the course if you wish to earn and maintain ASHA CEUs through the ASHA CE Registry (annual fee required).

Registration information section including Name, Address, City, State, Zip, Country, Daytime Phone, and E-mail Address. Also includes checkboxes for Licensed, Certified, Clinical Fellow, and Enrolled in a graduate program.

Please enter your last name (as it appears on your ASHA id card) below. Enter the letters in the spaces provided in the 1st row and fill the entire box that corresponds to the letter in each column.

Last Name (Only) grid with 17 columns and 26 rows (A-Z) for letter entry.

ASHA Account Number
You must provide your ASHA Account Number.

17-digit ASHA Account Number grid with digits 0-9.

To update your address or phone number, or to obtain your ASHA Account Number call ACTION CENTER at 1-800-498-2071 between 8:30am and 5:00pm. E.T.

Provider Use Only

Complete only for those participants receiving less than the maximum number of ASHA CEUs (i.e., partial credit). Please fill in leading zeros followed by the number of ASHA CEUs. For example, to indicate a participant earned .55 ASHA CEU's (that is, 5 1/2 hours) write 0055.

Grid for ASHA CEU decimal entry, showing example 0.10 and digits 0-9.

