EAA CE Activity Application

Due Date: All documents and Fees must be received a minimum of 75 days prior to event start date.

Select Type CEUs:  
ASHA Only  [ ]  AAA Only  [ ]  Both ASHA and AAA  [ ]  (Fees will vary based on selection. See page 3 & 4)

Contact Info:
Name: ___________________________  Email: ___________________________  Tele: ___________________________

Organization/company offering CE activity: ____________________________________________________________

Address:  
(For mailing of CE information/correspondence)  (City)  (State)

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): __________________________________________________

Email this document and all supporting documents to mjoseph@robertcraven.com

Instructional Level:
☐ Introductory – assumes little/no familiarity with the area.  ☐ Advanced – assumes thorough familiarity with the area
☐ Intermediate – assumes general familiarity with the area  ☐ Various – single level cannot be determined; multiple sessions

Content Code: ☐ Professional  ☐ Related

Type of Activity (check only one):
☐ Workshop  ☐ In-service  ☐ Teleconference/Webinar
☐ Seminar  ☐ Journal Group  ☐ Independent Study
☐ Conference  ☐ Study Group

Subject Code (check only one):
☐ 1010 Fluency Disorders - Assess and Interv  ☐ 7015 Pre-profess Education Assoc. w/ Sp/Lang/Hearing
☐ 1020 Voice Disorders - Assess and Interv  ☐ 7020 Education/Training issues in Sp/Lang/Hearing
☐ 1030 Motor Disorders of Speech - Assess & Interv  ☐ 7025 Regulatory Issues in Sp/Lang/Hearing
☐ 1040 Dysphagia - Assess and Interv  ☐ 7030 Cultural & Linguistic Diversity in Educ. & Public Policy
☐ 3010 Lang Disorders - Assess & Interv  ☐ 7050 Leadership &Mgmt in Profess Practice Setting
☐ 3030 Lang Dis: Aphasia/Acquired Neurogenic & Cogn.  ☐ 7060 Patient Safety and Prevention of Medical Errors
☐ 3040 Language Disorders - AAC  ☐ 8010 Microcomputer and Technology
☐ 3050 Language Disorders - Articulation  ☐ 9010 Speech-Language Conferences with Multiple Sessions
☐ 4010 Language Science  ☐ 9015 SLP Self Study or Journals
☐ 5010 Audiology - Assessment  ☐ 9020 Audiology Conferences w/ multi sessions
☐ 5020 Audiology - Habilitation/Rehabilitation  ☐ 9025 Audiology Self Study or Journals
☐ 5030 Hearing Assistive Technology  ☐ 9030 Audiology and SLP Conferences with multiple sessions
☐ 5040 Industrial Audiology/Hearing Conservation  ☐ 9035 Audiology and SLP Self Study or Journal
☐ 6010 Hearing Science  ☐ 9040 Review Courses for National Exam in SLP or Audiology
☐ 7010 Service Delivery assoc with Sp/Lang/Hearing

Needs Assessment:  Check all that apply:
☐ Interviewed key individuals  ☐ Conducted focus group(s)
☐ Surveyed sample population
☐ Other ___________________________


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

☐ 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

☐ 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/Instructional Personnel and is enclosed.
☐ Disclosure form was completed by the Planner(s) and is enclosed.

Course Financial and In-Kind Support Disclosure

☐ 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.

Provide the following Items in a word document (Must be received a minimum of 75 days prior to the event date)

Abstract(s) and Speaker Bios. Include speaker’s name, affiliation and a brief description of qualifications.

Learning Outcomes: Provide a minimum of 3. (Multiple day events, please inquire for quantity) 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 be able to: demonstrate, 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.

If course is a webinar (distance learning) and AAA is requested: Provide three (3) multiple choice questions that attendees will be required to answer. Provide answer sheet to EAA Office. Attendee forms must be returned with all other final documents.

Promotional Material: Attach the draft brochure or information you will use to advertise and promote this activity. The final published brochure must be forwarded as soon as available. Ensure that the promotional brochure/information contains the appropriate disclosure statements as described below and in the EAA Guidelines for content, financial/in-kind support, and speaker/planner.

Attendee Program Evaluation Form: Please include an area for attendees to “list 3 things learned during this event”

Disclosure Document: (Blank form provided) Required for each presenter and program planner. Note: Presenter must indicate if they are receiving an honorarium or travel support. They do not need to indicate the amount being paid.
# Event Fees

## Payment Selection:
- **Checks Enclosed** [ ]
- **Credit Card** [ ]

### Payment Address:
- (Mail to: EAA, 700 McKnight Park Drive, Suite 708, Pittsburgh, PA 15237)

### Credit Card Information:
- Credit Card Number ________________________________
- Expiration Date __________
- CID Number located on the back of the card ________________________________

**Billing Address for Credit Card Listed**

_________________________________________________________

_________________________________________________________

**Authorized Signature:** ________________________________

## Payment Schedule by Event Type:

### ASHA - Only Event

<table>
<thead>
<tr>
<th>Event Type</th>
<th>Fee</th>
<th>Due with Application</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) ASHA Application Fee</td>
<td>$325</td>
<td>Due with application</td>
</tr>
<tr>
<td>2) EAA Set-up Fee</td>
<td>$450</td>
<td>Due with application</td>
</tr>
<tr>
<td>3) EAA Per Attendee Fee</td>
<td>$20 per attendee</td>
<td>Due immediately after event. Note: Minimum payment is $200</td>
</tr>
</tbody>
</table>

**Note:** $15 per attendee if the event organization is a member of EAA.

### AAA – Only Event

<table>
<thead>
<tr>
<th>Event Type</th>
<th>Fee</th>
<th>Due with Application</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) AAA Application Fee</td>
<td>$55</td>
<td>Due with application</td>
</tr>
<tr>
<td>2) EAA Set-up Fee</td>
<td>$450</td>
<td>Due with application</td>
</tr>
<tr>
<td>3) EAA Per Attendee Fee</td>
<td>$20 per attendee</td>
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**Note:** $15 per attendee if the event organization is a member of EAA.

### ASHA and AAA

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<td>2) AAA Application Fee</td>
<td>$55</td>
<td>Due with application</td>
</tr>
<tr>
<td>3) EAA Set-up Fee</td>
<td>$600</td>
<td>Due with application</td>
</tr>
<tr>
<td>4) EAA Per Attendee Fee</td>
<td>$20 per attendee</td>
<td>Due immediately after event. Note: Minimum payment is $200</td>
</tr>
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