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# Cooperative Course Agreement

Name of cooperative organization:

Cooperative organization’s address:

Contact at cooperative organization:

Contact e-mail address:

Contact phone:

Title of course:

Date(s) course to be conducted:

Is this course a self-study?

**The Process**

1. Submit signed Cooperative Course Agreement as PDF scan to **erin@endo-education.com**.
2. **Endo Education** reviews the materials and requests additional information as needed.
3. **Endo Education** registers the course 3 months in advance for live events, 1 month in advance for independent studies.
4. The cooperative organization conducts the course.
5. The cooperative organization submits CE Participant forms and course evaluations within 15 days of the learning event.
6. **Endo Education** submits participant reporting information to ASHA within 30 days of completion of your course.

## Contract

**Endo Education** is committed to ensuring all jointly offered courses are planned and implemented in accordance with the American Speech-Language-Hearing Association’s Continuing Education Board Requirements. By signing this form, the cooperative organization agrees to abide by the Cooperative Offering Policies.

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| Cooperative Organization’s Representative | Date |

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| ***Cooperative Organization’s Representative Signature*** | ***Date*** |