##

## Application

## *Please submit all requirements in a single Word document or PDF file in the following order.*

**Name of cooperative organization:** **Name of course:** **Date Submitted:**

|  |  |
| --- | --- |
| Material needed | ASHA Approved CE Provider Comments |
| 1) Signed Cooperative Course Agreement |       |
| 2) Results of needs assessment  |       |
| 3) Planner & instructional personnel disclosure forms with resolution description* Forms completed prior to course planning
* Changes to disclosures after course planning is completed
 |       |
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| 4) Course learning outcomes  |       |
| 5) Time-ordered agenda  |       |
| 6) If receiving financial or in-kind support, submit:* Names of organizations providing financial and/or in-kind support
* Dollar amount received from each organization (if financial)
* Monetary value and description (if in-kind)
* How money and in-kind support will be used
 |       |
| 7) Final draft promotional materials including* **Endo Education** CE Brand Block
* ASHA CEU Sentence
* Disclosure statements for each instructor (required) and course content (if appropriate).
 |       |
| 8)Description of how instructional personnel disclosure will be made available at the start of course |       |
| 9) Details on how satisfactory completion will be determined* Attendance verification process
* Tool(s) to assess achievement of learning outcomes
 |       |
| 10) Program evaluation: Form and how analyses will be performed |       |
| 11) ASHA CEU Participant form prepared for learning event |       |
| 12) All documentation involved in planning course: meeting notes, e-mails, etc. |       |
| 13) PayPal transaction* $350 Initial offering ($250 ASHA fee; $100 Endo Education fee)
* $100 Repeat offering ($50 ASHA fee; $50 Endo Education fee)
 |       |

**CE Provider:**

Approval of CE Event: [ ]  Yes **Date:**

 [ ]  No. Please implement aforementioned revisions. **Date:**

 [ ]  No. This course is not appropriate to offer ASHA CEUs. **Date:**