## 

## 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 |  |
|
| 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:**