



**KENTUCKY
SPEECH-LANGUAGE-HEARING
ASSOCIATION**

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Lexington, KY 40502

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GUIDELINES FOR ASHA CO-SPONSORSHIP OF CONTINUING EDUCATION (CE) ACTIVITIES

The Kentucky Speech-Language-Hearing Association (KSHA) will individually administer co-sponsorship of CE activities that meet ASHA required guidelines. All events and topics must conform to ASHA guidelines for professional or related content. Speaker must possess professional qualifications. The focus of the activity must not be for the sale of a specific product.

Promotional Brochure

ASHA provides set guidelines for content that must be contained in the promotional brochure. These include:

- Time Ordered Agenda
- Learner Outcomes
- ASHA CE Paragraph

To insure your brochure conforms with these guidelines, please submit your brochure to the KSHA Office for review during the development phase. After KSHA reviews the brochure, the ASHA CE Paragraph (with the appropriate language) will be provided for inclusion in the brochure.

Prior to Event

Time Frame – In accordance with ASHA time frames, the following requested information must be received by the KSHA Office 60 days in advance of the event.

The following items are needed at the time of application submission:

Continuing Education Activity Approval Worksheet with corresponding documentation requested

\$250 check payable to ASHA (processing fee)

\$100 refundable deposit payable to KSHA

1. A **Continuing Education Activity Approval Worksheet** must be completed and received by the KSHA Office a minimum of 60 days prior to the event for adequate time to process.
2. The facility/organization must submit a processing fee of \$250 made payable to ASHA at the time the paperwork is sent to KSHA.
3. The facility/organization must submit a \$100 refundable deposit made payable to KSHA. This security deposit will be returned by KSHA once all documentation and payment are received from facility/organization. In the event the activity is cancelled, the security deposit **will not** be refunded.
4. The KSHA CE Administrator will notify the facility/organization of ASHA's approval/rejection or changes needed to be made immediately upon receiving such information from ASHA.

5. At least 10 days prior to the activity, the KSHA Office will electronically send the following documents to the partner organization:

- CEU Participant Form
- Certificate of Attendance
- KSHA/ASHA Activity Final Checklist

It is the responsibility of the partner organization to duplicate and distribute these forms to the participants. Care should be taken in duplicating these forms so they are not altered from their original format.

During the Event

6. A person (preferably activity chair or coordinator) must be available at the activity to present the required CE forms, collect them and compile completed forms according to the guidelines.
7. Participants requesting sponsored hours must sign in and sign out of the conference, complete the CEU Participant Form in its entirety and complete a learning assessment/evaluation form.

After the Event

8. Upon completion of the activity, the following must be returned to the KSHA Office by the facility or organization within two (2) weeks of the event or a **late fee** of \$25.00 will be charged.
 - KSHA/ASHA Activity Checklist
 - ASHA CEU Participant Forms (alphabetized by last name)
 - Alphabetical listing of participant names and addresses
 - Sign-In Sheet
 - Learning Assessment/Evaluation Forms
 - Final brochures, announcements, program, etc. that were not included when activity was initially submitted
9. The above information **must be accompanied** by a check for a processing fee of \$5.00 per attendee (not CE recipient) made payable to KSHA. (The hosting facility/organization may want to consider incorporating this fee into registration fees.) CE forms will not be processed without payment of this fee.
10. Failure to include ALL attachments required on either the CE Activity Approval Worksheet or KSHA/ASHA Activity Checklist or to meet the required deadlines can jeopardize the ability of the co-sponsoring organization to receive CE approval for the activity. In addition, failure to return the participant forms by the required deadline may result in an ASHA instituted fine of up to \$100, forfeiture of future co-sponsorship approval and forfeiture of the KSHA security deposit.
11. This policy will be reviewed and revised as needed.

Total Costs to Co-Sponsor CEU Activity

\$250.00 Processing fee made payable to ASHA
\$100.00 Refundable Deposit made payable to KSHA
\$5.00 Per attendee fee (i.e. 50 attendees = \$250.00)
(if participation is less than 20 attendees, a minimum \$100 payment is required)

**KSHA CONTINUING EDUCATION ACTIVITY
APPROVAL WORKSHEET**

Contact Person: _____

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

Contact Phone: _____ **Contact Email:** _____

Contact Relation to the organization/company offer the activity: _____

Organization/company offering CE activity: _____

Expected Attendance: _____ **Attendee Cost for Activity:** _____

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): _____

Instructional Level:

- | | |
|---|---|
| <input type="checkbox"/> Introductory – assumes little or no familiarity with the area. | <input type="checkbox"/> Advanced – assumes thorough familiarity with the area |
| <input type="checkbox"/> Intermediate – assumes general familiarity with the area | <input type="checkbox"/> Various – single level cannot be determined; multiple sessions |

Content Area:

- Basic Communication Processes Professional Related

Type of Activity (check only one):

- | | | |
|--|---|--|
| <input type="checkbox"/> 1 Workshop | <input type="checkbox"/> 9 Grand Rounds | <input type="checkbox"/> 17 Technical Session |
| <input type="checkbox"/> 2 Seminar | <input type="checkbox"/> 10 Teleconference | <input type="checkbox"/> 18 Poster Session |
| <input type="checkbox"/> 3 Conference | <input type="checkbox"/> 11 Videoconference / Satellite TV | <input type="checkbox"/> 19 Roundtable Discussion |
| <input type="checkbox"/> 4 Forum | <input type="checkbox"/> 12 Self Study: Video or Course | <input type="checkbox"/> 20 Traditional academic courses |
| <input type="checkbox"/> 5 Symposium | <input type="checkbox"/> 13 Self Study: Journal or newsletter | <input type="checkbox"/> 22 Independent study |
| <input type="checkbox"/> 6 In-service | <input type="checkbox"/> 14 Convention | <input type="checkbox"/> 23 Web-based courses |
| <input type="checkbox"/> 7 Journal Group | <input type="checkbox"/> 15 Short Course | |
| <input type="checkbox"/> 8 Study Group | <input type="checkbox"/> 16 Miniseminar | |

Subject Code (check only one):

- | | |
|--|--|
| <input type="checkbox"/> 1010 Fluency Disorders - Assess and Interv | <input type="checkbox"/> 7010 Service Delivery assoc with Sp/Lang/Hearing |
| <input type="checkbox"/> 1020 Voice Disorders - Assess and Interv | <input type="checkbox"/> 7015 Preprofess Education Assoc with Sp/Lang/Hearing |
| <input type="checkbox"/> 1030 Motor Disorders of Speech - Assess & Interv | <input type="checkbox"/> 7020 Education/Training issues in Sp/Lang/Hearing |
| <input type="checkbox"/> 1040 Dysphagia - Assess and Interv | <input type="checkbox"/> 7025 Regulatory Issues in Sp/Lang/Hearing |
| <input type="checkbox"/> 2010 Speech Science | <input type="checkbox"/> 7030 Cultural and Linguistic Diversity in Education & Public Policy |
| <input type="checkbox"/> 3010 Lang Disorders - Assess & Interv | <input type="checkbox"/> 7040 Psycho-social Issues in Assess & Interv |
| <input type="checkbox"/> 3030 Lang Disorders -Aphasia and Acquired
Neurogenic Disorders & Cognition | <input type="checkbox"/> 7050 Leadership and Manag in Profess Practice Setting |
| <input type="checkbox"/> 3040 Language Disorders - AAC | <input type="checkbox"/> 7060 Patient Safety and Prevention of Medical Errors |
| <input type="checkbox"/> 3050 Language Disorders - Articulation | <input type="checkbox"/> 8010 Microcomputer and Technology |
| <input type="checkbox"/> 4010 Language Science | <input type="checkbox"/> 9010 Speech-Language Conferences with Multiple Sessions |
| <input type="checkbox"/> 5010 Audiology - Assessment | <input type="checkbox"/> 9015 SLP Self Study or Journals |
| <input type="checkbox"/> 5020 Audiology - Habilitation/Rehabilitation | <input type="checkbox"/> 9020 Audiology Conferences w/ multi sessions |
| <input type="checkbox"/> 5030 Hearing Assistive Technology | <input type="checkbox"/> 9025 Audiology Self Study or Journals |
| <input type="checkbox"/> 5040 Industrial Audiology/Hearing Conservation | <input type="checkbox"/> 9030 Audiology and SLP Conferences with multiple sessions |
| <input type="checkbox"/> 6010 Hearing Science | <input type="checkbox"/> 9035 Audiology and SLP Self Study or Journal |
| | <input type="checkbox"/> 9040 Review Courses for National Exam in SLP or Audiology |

Needs Assessment: Indicate how you established a need for this program (label as Item #1)

Learning Outcomes: 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: demonstrate or describe or identify, etc. (label as Item #2).

Instructional Personnel: Provide each speaker's name, affiliation and a brief description of qualifications (label as Item #3).

Time Ordered Agenda: A time ordered agenda that lists the activity's schedule by time periods including content, instructional personnel, etc. (label as Item #4).

Promotional Material: Attach the draft brochure or information you will use to advertise and promote this activity. The final published brochure must be forwarded to KSHA as soon as available (label as Item #5).

Assessment of Learning: Describe the method(s) you will use for program evaluation. Include sample form(s) if applicable (label as Item #6).

Program evaluation: Describe the procedure you will use for program evaluation. Include sample form(s) if applicable (label as Item #7).

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 sponsor or person introducing/speaker
- printed information distributed to participants prior to activity (attach sample and label as Item #8)
- Other (explain) _____

Requirements for Satisfactory completing/award of CEUs:

- Attainment of learning outcomes
- Attendance (describe method you will use to verify attendance; label as Item #9)
- Attainment of learning outcomes and attendance (describe method and label as Item #9)

ASHA Fee and KSHA Deposit:

\$250 ASHA processing fee:

- Check enclosed payable to ASHA
- Credit Card Visa MasterCard
Credit Card Number _____ Expiration Date _____

Authorized Signature: _____
 Not applicable

\$100 KSHA Deposit (non refundable if the event is canceled)

- Check enclosed payable to KSHA
- Credit Card Visa MasterCard
Credit Card Number _____ Expiration Date _____

Authorized Signature: _____
 Not applicable

Send information to: KSHA Office, 838 East High Street, Suite 263, Lexington, KY 40502

Questions: Contact the KSHA Office at 1-800-837-2446 or kshaoffice@ksha.info.

Timeframe – In accordance with ASHA timeframes, the above requested information must be received by the KSHA Office 60 days in advance of the event.