

Independent Study Activity Form ASHA Continuing Education Registry

Instructions: Please type or print all information, observing the limitations on character length carefully. (1) Provider completes p. 1; (2) Participant completes and both parties sign p. 2; and (3) Upon completion of the activity, the participant evaluates and forwards form with appropriate documentation to Provider for signature on p. 3. **Providers: Return completed form to the ASHA CE Registry no later than 45 days after the completion date of the plan.** **Participants:** Make sure you have paid the annual ASHA CE Registry for the year in which you are completing this Independent Study.

**ASHA Approved CE Provider
ID Information**

Approved CE Provider _____
 Provider Code _____
 Course # _____
 CE Administrator _____
 Telephone _____

Title of activity (60 characters maximum)

**Activity Description
(400 characters maximum)**

Location of Activity

City _____

State _____

Dates of Activity

Starting Date ____/____/____

Completion Date ____/____/____

**Type of Activity
(see CEB Manual Section 5 for Independent
Study activity definitions)**

- 01 Traditional Independent Study
- 02 Non-ASHA CE Activity
- 03 Course Design/Instruction
- 04 Research & Publication
- 06 Audio/Video Instruction
- 07 Clinical Case Study
- 08 Literature Review
- 09 Professional Visitation
- 10 Internship
- 11 Other (describe)

**CE Provider Complete this Column
Continuing Education Units**

60 minutes or one contact hour = 0.1 CEU

This plan is limited to 2.0 CEUs.

Please attach Participant Log

**Subject Code
(see CEB Manual, Appendix K)**

**Instructional Level
(see CEB Manual, Appendix L, for instructional level definitions)**

- 0 Various
- 1 Introductory
- 2 Intermediate
- 3 Advanced

**Content Area
(see CEB Manual, Section 3 for content area definitions)**

- B Basic Communication Processes
- P Professional
- R Related

Independent Study Activity Evaluation (to be completed by participant upon completion of Independent Study activity)

If you were to do another independent study activity, what would you do differently to make it a better learning experience for you?

Note: Before forwarding to the Provider, participant should attach all necessary documentation to enable the ASHA CE administrator to verify satisfactory completion of the independent study activity.

Verification of Satisfactory Completion and Awarding of CEUs (to be completed by ASHA CE Administrator upon completion of Independent Study activity)

Describe how you determined that this activity was satisfactorily completed.

Program Evaluation (to be completed by ASHA CE administrator upon completion of Independent Study activity)

On the basis of the outcome of this activity, what changes will you make when you provide future independent study activities?

Administrator Signature and Confirmation (to be completed by ASHA CE administrator upon completion of independent study)

I certify that this independent study was completed as described in this plan.

Signature of the ASHA CE Administrator
for the ASHA Approved CE Provider

Date

Note: The CEB will not accept incomplete plans. Plans will be returned to the ASHA Approved CE Provider and independent study participant for additional information if submitted in incomplete form.