

Application to Offer ASHA CEUs in Cooperation with SHAA

DEADLINE: 6-8 weeks prior to start date

- 1) **Affirmation:** “I have read all the info about offering ASHA CEUs at www.AlabamaSHAA.org” (initial) _____
- 2) **Evidence-Based Practice:** Please refer to <http://www.asha.org/ce/for-providers/EBCETutorialIntro.htm>.
- 3) **Event Title** (60 characters max.) _____
- 4) **Event Date(s)** _____
- 5) **Instructional Level:** Intro. Intermediate Advanced Various
- 6) **Location** _____ **ADA Compliant?** Yes No
- 7) **Name of your organization** _____
- Contact** _____ **Phone** _____ **Email** _____
- Physical address for UPS/Fed Ex (No P.O. Boxes!)** _____

- 8) **How did you arrive at the topic?** (Underline all that apply) Interviewed key individuals; Conducted focus group(s);
 Surveyed sample population; Other (describe):
- 9) **Instructional Methods:** (Underline all that apply) Lecture; Small group; Video/audio; Simulations;
 Panel discussion; Demonstration; Observation of clients; Case study; Other (*describe*):
- 10) **Attachments:**

_____ Non-Financial and Financial Relationship **Disclosure Form** and **HIPAA statement for EACH presenter, including authors of poster sessions (See next three pages; copy as needed.)**

*** Note that ASHA also requires disclosure to be made at the start of the course for all instructional personnel. ***

_____ **Flyer/Brochure: 2 paper copies** (or one digital file) **of the draft of the brochure, including...**

- 1) The ASHA CE logo and sentence, which Mr. Copeland must supply.

CE wording, formatting, and logo must comply with ASHA’s rules. (E.g., Do NOT say that “CEUs have been applied for...”; Do NOT mention “sponsors” in the CE paragraph. They must be listed, but separately from the logo/sentence.)

- 2) Information about the **(non-)financial disclosures**. You may

a) post them on your own web site and provide the web address in the flyer/brochure, **or**

b) state in the flyer/brochure,

“(Non-)Financial Disclosures are available at www.AlabamaSHAA.org > CE/License > ASHA CEU Events.”

Please clear the flyer with Mr. Copeland before distributing.

_____ **A time-ordered agenda** (unless it’s in the brochure).

_____ **Measurable learner objectives** aligned with each segment of the event (unless they’re in the brochure).

Read the list of ASHA-approved verbs (at <https://www.alabamashaa.org/i4a/pages/index.cfm?pageid=3293>).

You may number the objectives, then reference them. E.g., Segment 1, 8:30-10:00, Objectives #1,#2; Segment 2, 10:15-12:00, Obj. #3; etc.

_____ **A 50-word** (or less) **description** of the activity, written in the past tense. (E.g., “Participants discussed the impact of hearing loss... and practiced fitting hearing aids....”) Type it here (or email it separately so I can copy/paste):

_____ **2 separate payments:** SHAA, \$75. SHAA only takes a check;
 ASHA, \$325, either by a credit card number (for faster processing), or a check.

Send all materials, including this application, to
Gary Copeland, ASHA CE Administrator, 126 Iron Horse Trail, Harvest, AL 35749
GaryDavidCopeland@gmail.com | Phone 256.508.1125

HIPAA Compliance and Affirmation of Disclosures

(to be completed by/for each presenter)

Program Planner/Instructional Personnel's Name: _____

HIPAA Requirements

In order to comply with the Health Insurance Portability and Accountability Act (HIPAA), we ask that all program planners and instructional personnel ensure the privacy of their patients/clients by refraining from using names, photographs, or other patient/client identifiers in course materials without the patient's/client's knowledge and written authorization.

"I am in compliance with these policies." _____ *(INITIAL HERE)*

Program Planner/Instructional Personnel Relationship Disclosure Form

In compliance with ASHA's Continuing Education Board's Requirements, the Speech and Hearing Association of Alabama (SHAA) requires program planners and instructional personnel to disclose information regarding any relevant financial and non-financial relationships related to course content prior to and during course planning.

Course Title: _____

Relevant financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, gift, speaking fee, consulting fee, honoraria, ownership interest (e.g., stocks, stock options, or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial relationships can also include "contracted research" where the institution gets the grant and manages the funds and the individual is the principal or named investigator on the grant.

Do you have relevant **financial** relationships to disclose?

No Yes If "yes," **complete Addendum A, Financial ... Disclosure Form.**

Relevant non-financial relationships are those relationships that might bias an individual including any personal, professional, political, institutional, religious or other relationship. This may also include personal interest or cultural bias.

Do you have relevant **non-financial** relationships to disclose?

No Yes If "yes," **complete Addendum B, Non-Financial ... Disclosure Form.**

"I attest that the information in this disclosure is accurate at the time of completion and I agree to notify SHAA of any changes to this information between now and the presentation."

Signature (typing here is equivalent to signing) _____

Date _____

*If you answered "No" regarding financial relationships and "No" regarding non-financial relationships, **stop here.***

Addendum A – Financial Relationship Disclosure Form

(to be completed if you answered ‘yes’ about financial relationships)

Copy this page as many times as you need to complete information regarding each of your relevant financial relationships.

Program Planners/Instructional personnel have a “relevant” financial relationship if that relationship could influence the information presented in the course and could be perceived as a conflict of interest by learners.

Planner/Presenter name: _____

Date this form was completed: _____

Financial relationship with _____
(name of company/organization)

For what role(s)? *(Check all that apply)*

Employment

Management position

Teaching and speaking

Board membership

Ownership

Consulting

Membership on advisory committee or review panels

Independent contractor (including contracted research)

Other activities *(please describe)*:

What was received? *(Check all that apply)*

Salary

Consulting fee

Intellectual property rights

Speaking fee

Royalty

Honoraria

Other financial benefit *(please describe)*:

In kind grants

Gift

Ownership interest *(e.g., stocks, stock options or other ownership interest excluding diversified mutual funds)*

Hold patent on equipment

Addendum B – Non-Financial Relationship Disclosure Form

(to be completed if you answered ‘yes’ about non-financial relationships)

Copy this page as many times as you need to complete information regarding each of your relevant non-financial relationships.

Program Planners/instructional personnel have a **relevant** non-financial relationship if that relationship could influence the information presented in the course and could be perceived as a conflict of interest by learners.

Planner/Presenter name: _____

Date this form was completed: _____

Non-financial relationship with _____
(name of company/organization)

Related to what role(s)?

Board membership

Volunteer employment

Volunteer teaching and speaking

Volunteer consulting

Volunteer membership on advisory committee or review panels

Other volunteer activities *(please describe)*:

What is the nature of the non-financial relationship? *(Complete all that apply)*

Personal, *please describe*:

Professional, *please describe*:

Political, *please describe*:

Institutional, *please describe*:

Religious, *please describe*:

Bias, *please describe*:

Other relationship, *please describe*: