 

**Application to Offer ASHA CEU’s in Cooperation with SHAA**

SHAA is an ASHA Approved CE Provider. A cooperative CE course is one offered jointly by an ASHA Approved CE Provider and an organization that is not an ASHA Approved CE Provider (aka cooperative organization). Conducting a cooperative course with an ASHA Approved CE Provider is the only way a non-ASHA Approved CE Provider can offer a course for ASHA CEUs.

If you would like to offer a CE course in cooperation with SHAA please read the [Guidelines for Cooperative Courses (asha.org)](https://www.asha.org/siteassets/uploadedfiles/guidelines-for-cooperative-offerings.pdf) prior to beginning this application. Please contact MaryHBryan@gmail.com prior to completing this application if you have questions about the planning, promoting, implementing, evaluating, or reporting of your course.

**\*\*Cooperative CE Course applications are due 6-8 weeks prior to event start date. \*\***

Please submit your application by email to: Mary H. Bryan, M.Ed. CCC-SLP

ASHA CE Administrator/SHAA CE Director

MaryHBryan@gmail.edu

205-394-2302

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| **Cooperative Organization Information:** | *Insert the following information in this column.**Name**Contact Name**Phone**Email**Address (No P.O. Boxes)* |
| **Guidelines for Cooperative Courses**Utilize the [Guidelines for Cooperative Courses (asha.org)](https://www.asha.org/siteassets/uploadedfiles/guidelines-for-cooperative-offerings.pdf) to assist in the development of the CE course.  | *Initial that you have read* |
| **Information about offering ASHA CEU’s in cooperation with SHAA**Read information provided on the SHAA website to ensure understanding of the cooperative organizations responsibilities as it relates to offering a cooperative CE course: [*https://www.alabamashaa.com/Offer-ASHA-CEUs*](https://www.alabamashaa.com/Offer-ASHA-CEUs)*.”* | *Initial that you have read* |
| **Evidence Based Practice**ASHA promotes Evidence-Based Practice and using evidence-based information in the planning and development of continuing education offerings. Please reference the Resources for CE Presenters and Planners here and provide this information to your presenters. <https://www.asha.org/ce/for-providers/resourcesforpresenters/> | *Initial that you have read and shared with your presenters.* |
| **FEE**The fee to offer ASHA CEU’s in cooperation with SHAA is $500 per event (beginning 1/1/2022). This fee includes a $100 SHAA administrative fee and $400 ASHA cooperative agreement fee. If an event is being offered more than once, there will be an additional ASHA offering fee of $50 per offering. The total is due at the time the application is submitted.  | *Electronic payment may be made at* [Speech and Hearing Association of Alabama-SHAA - ASHA CEUs ADMIN FEE (alabamashaa.com)](https://www.alabamashaa.com/ASHA-CEUs-ADMIN-FEE)*Initial that you have paid the Fee.*  |
| **Appeal Penalty Acknowledgement** All reporting information is due to SHAA no later than 2 weeks following the event date. Should inaccurate reporting occur on behalf of the cooperative organization or a course participant, the cooperative organization will be responsible for a $200 appeal fee. If multiple errors occur, there will be an additional $200 fee per error.  | *Initial that you have read.* |
| **CE Event Title:**  | *60 characters max* |
| **CE Event Date(s):** |  |
| **Location:** | *City, State or Virtual* |
| **Is location ADA Compliant?**ASHA is committed to providing access to continuing education courses to all participants with disabilities and other diverse learners. Accessible Continuing Education, or more broadly referred to as Universal Design Instruction (UDI), provides a framework for creating courses that ensure lectures, discussions, visual aids, videos, and printed materials are accessible to all participants, regardless of their learning styles or needs. Resources for accessibility guidelines may be found here: <https://www.asha.org/CE/for-providers/Accessibility-Guidelines/> | *Yes or No* |
| **How did you arrive at the topic?**Interviewed key individualsConducted focus group(s)Surveyed sample populationOther (describe): | *List all that apply* |
| **Course Description**Provide a 50 word or less description of the activity, written in the past tense. | *Insert description here* |
| **Course Website URL**1. If you are utilizing an electronic registration, ensure that your registration is live and working prior to submitting this application.
2. Include the following question on your registration form: *“Do you want your information reported to the ASHA CE Registry to earn ASHA CEU’s? If yes, enter your ASHA ID.”* By asking this information during registration you will be able to cross-check participants seeking ASHA CEU’s to ensure accurate reporting following your event.
 | *Insert URL* *Initial that you have included this statement and you understand the need to cross-check your registrants with your participants to ensure accurate reporting.*  |
| **Instructional Level:**IntroductoryIntermediateAdvanceVarious | *Choose 1* |
| **Subject Code**Please reference ASHA’s Subject Codes here: [Continuing Education Course Subject Codes (asha.org)](https://www.asha.org/cefind/subject-codes/).  | *Choose 1* |
| **Instructional Methodology**Lecture; Small group; Video/audio; Simulations; Panel discussion; Demonstration; Observation of clients; Case study; Other (describe): | *List all that apply* |
| **Learning Outcomes**Learning outcomes provide a foundation for developing the course's format, content and assessment tool. Please refer your speakers to these resources for creating ASHA approved learning objectives: <https://www.asha.org/ce/for-providers/learner-outcomes/>and [Learner Outcome Guidelines (asha.org)](https://www.asha.org/ce/for-providers/outcomes/) | *List Learning Outcomes aligned with each segment of the event and include in the promotional material.* |
| **How many minutes of ASHA continuing education time would you like to offer for this course?**After your application is reviewed and approved, you will receive an official ASHA Approved CE Provider Brand Block with ASHA CE Sentence to put on your event promotional materials. | *List in minutes* |
| **Time-Ordered Agenda** | *Insert Time-Ordered Agenda here and include in the promotional material.*  |
| **Content Disclosures**ASHA CE Providers must disclose when their course content is focused on a specific product or service and will not include information on similar or like products/services.**Does the course content focus on a specific product or service?**1. Sample disclosure statement for unique product or service: *“The (organization) has developed and patented a licensed technology trademarked as the (insert name of product or service). Because there are no other like-kind products available, course offerings will only cover information that pertains to the effective and safe use of the above-named products.”*
2. Sample disclosure statement for products and services that are not unique: *“This presentation will focus exclusively on (insert name of product or service) and will not include information on other similar or related (insert product or service).”*
 | *Yes or No**If yes, insert disclosure statement here and include in promotional material.*  |
| **Financial or In-Kind Support Disclosures**Learners must be informed of financial and in-kind support given to the Provider by other organizations Options include disclosing the names of organizations that contributed financial or in-kind support in promotional materials, in materials distributed prior to the course, and at the beginning of a course. Remember to include organizations contributing things such as products, materials, and equipment; volunteers; professional services; publicity; etc.*Sponsorship* is when an entity/organization provides financial and/or in-kind support for an ASHA CE course/offering(s) but is not involved in the planning, delivery, or evaluation of the course. The organization providing sponsorship has no influence over the content of the course. *Financial Support* is money given by another organization used to pay all or part of the costs of a CE course. *In-Kind Support* is support or contributions of things such as products, materials, and equipment; volunteers; professional or other services; publicity; etc.; not money.**Did any other organization(s) provide financial or in-kind support?**1. Financial or In-Kind Support Disclosures should include the following disclosure information: 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.
2. Sample disclosure statement:*“This course was funded in its entirety by the \*\*. \*\*provided refreshments for today’s event. \*\* provided sign language interpreters for today’s event. We want to thank \*\* for the use of it’s auditorium for today’s event.”*
 | *Yes or No**If yes, insert disclosure statement here and include in promotional material.* |
| **Speaker Disclosure Information**1. Provide speakers with the following speaker disclosure resources: <https://www.asha.org/ce/for-providers/resourcesforpresenters/>
2. Have each speaker complete attached speaker disclosure documents including Non-Financial and Financial Relationship Disclosure Form and HIPAA statement and Presenter Disclosure Chart
3. Remind speaker that ASHA requires disclosures to be made at the start of the course in addition to completing these forms.
4. Include Speaker Disclosure Statement on all print and electronic promotional materials. Disclosure statement should follow these guidelines: Disclosure: The name of the speaker/instructor followed by the relevant financial relationship(s)—list the name of the organization and the type of financial relationship—and relevant nonfinancial relationship(s)—list the name of the organization and the type of nonfinancial relationship—or a statement that no relevant financial or nonfinancial relationships exist.*(Example: Presenter is a paid employee of the XXX and will be mentioning her place of employment in her presentation. Presenter is receiving an honorarium and or travel support for this presentation from the XXX Speech-Language-Hearing Association and received a grant from XXX. Presenter has no relevant financial relationships to disclose. Presenter has no relevant non-financial relationships to disclose. Presenter is the current President of the XX Speech-Language-Hearing Association.)*
 | *Insert Speaker Disclosure statements here (as detailed in point 4) and ensure these statements are listed on all promotional materials.*  |
| **Promotional Material (Flyer/Brochure/Website)**The promotional material must include the following:1. Event Title, Date, Place, and Speaker Name
2. Time-Ordered Agenda
3. Learner Outcomes
4. Speaker Disclosure Statements
5. Course Content Disclosure Statement (if applicable)
6. Financial or In-Kind Disclosure Statement (if applicable)
7. Registration Information
8. ASHA CE Brand Block Logo with CE Sentence (After your application has been reviewed and approved, you will be provided with the SHAA/ASHA CE Brand Block Logo and CE Sentence. CE wording and formatting must be provided by SHAA. Do not state that “CEU’s have been applied for”)
 | *Attach digital copy when submitting application and/or promotional website.* *Initial that you have included promotional material.* |
| **Reporting**I understand that as the cooperative organization (event host) it is my responsibility to complete the Report of Course Participants Excel document fully and return it to MaryHBryan@gmail.com no later than 2 weeks following the event date. I understand this document must be completed in full and accurate or there will be an appeal penalty. I also understand that if it has been 30 days past my event, I will not be able to make any reporting changes. This may result in my telling participants that we will not be able to report to ASHA on their behalf. The Report of Course Participants document will be sent to you with participant packets prior to your event.  | *Initial that you understand* |

**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.***

**Presenter Disclosure Chart**

**In compliance with requirements of ASHA's Continuing Education Board concerning transparency in course planning, delivery and marketing, the following is information on the presenter’s relevant financial relationships regarding the content of their presentations at the event.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Last Name** | **First Name** | **Relevant Financial Relationship Disclosures** | **Relevant Non-Financial Relationship Disclosures** |
| *Example: Doe* | *Jane* | *Presenter is a paid employee of the XXX and will be mentioning her place of employment in her presentation. Presenter is receiving an honorarium and or travel support for this presentation from the XXX Speech-Language-Hearing Association and received a grant from XXX. Presenter has no relevant financial relationships to disclose.*  | *Presenter has no relevant non-financial relationships to disclose. Presenter is the current President of the XX Speech-Language-Hearing Association.*  |
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**Addendum A – Financial Relationship Disclosure Form**(Complete 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)? (Highlight all that apply)**

|  |  |
| --- | --- |
| Employment  | Consulting  |
| Management position  | Membership on advisory committee or review panels  |
| Teaching and speaking | Independent contractor (including contracted research)  |
| Board membership  | Other activities *(please describe)*: |
| Ownership  |  |

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

|  |  |
| --- | --- |
| Salary | In-Kind Grants |
| Consulting Fee | Gift |
| Intellectual Property Rights | Ownership interest (e.g., stocks, stock options or other ownership interest excluding diversified mutual funds) |
| Speaking Fee | Hold patent on equipment |
| Royalty | Other financial benefit *(please describe):* |
| Honoraria |  |

**Addendum B – Non-Financial Relationship Disclosure Form**

(Complete if you answered ‘yes’ about 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)* |  |

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

|  |
| --- |
| 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? (Highlight 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*: |
| Personal, *please describe*:  |
| Professional, *please describe*:  |