

**MSHA CONTINUING EDUCATION ACTIVITY for Missouri Clock Hours
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"/> 21 Independent Study |
| <input type="checkbox"/> 6 In-Service | <input type="checkbox"/> 14 Convention | <input type="checkbox"/> 22 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 MSHA 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)

MSHA Deposit:

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

- Check enclosed payable to MSHA
- Credit Card Visa MasterCard
Credit Card Number _____ Expiration Date _____
- Authorized Signature: _____
- Not applicable

Send information to: MSHA CENTRAL OFFICE, 2000 East Broadway, PMB 296, Columbia, MO 65201. If you have questions, please call us at 1-888-729-6742 or email us at msha@showmemshaorg.

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