



ASHA CEU Participant Form

American Speech-Language-Hearing Association
Continuing Education Registry

The Provider Code and Activity Number fields should be completed by the Provider only.

Provider Code

Activity Number

IMPORTANT PARTICIPANT INSTRUCTIONS

Do not send to ASHA CE Registry. Please submit this form to Provider at conclusion of the activity. Please print legibly.

Course Title _____ Completion Date _____

Name _____

Address _____

City _____ State _____ Zip _____ Country _____

Daytime Phone (____) _____ Email Address _____
(Include Area Code)

Please enter your last name below. Enter the letters in the spaces provided in the 1st row and fill the entire box that corresponds to the letter in each column.

Last Name (Only)

A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B
C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C
D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D
E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E
F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G
H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H
I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I
J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J
K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K
L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O
P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q
R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S
T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T
U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U
V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V
W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z

IMPORTANT INSTRUCTIONS

You must provide your ASHA Account Number and/or Social Security or Canadian ID Number.

For optimum accuracy, please print carefully and avoid contact with the edges of the box.
The following will serve as examples.

ASHA Account Number (Numeric Values Only)

1	2	3	4	5	6	7	8
---	---	---	---	---	---	---	---

Social Security or Canadian ID Number

1	2	3	-	4	5	-	6	7	8	9
---	---	---	---	---	---	---	---	---	---	---

To update your address or phone number, or to obtain your ASHA Account Number call ACTION CENTER at 1-800-498-2071 between 8:30am and 5:00pm. E.T.

You must provide your ASHA Account Number and/or Social Security or Canadian ID Number.

ASHA Account Number (Numeric Values Only)

--	--	--	--	--	--	--	--

Social Security or Canadian ID Number

			-			-			
--	--	--	---	--	--	---	--	--	--

PROVIDER USE ONLY

Special Use Box

This box is used for Providers to report variable credit. The example below is for 0.5 CEUs. Please enter the leading zeros instead of leaving the field blank.

Special Use Box - Provider Use Only

0	0	5
---	---	---

Special Use Box - Provider Use Only

--	--	--

Form# 40114

