



If not an ASHA member or CCC holder, you must be licensed or credentialed to practice speech-language pathology (SLP) or audiology or preparing to practice to earn ASHA CEUs.

- Licensed: _____
(State and License #)
- Certified: _____
(State/Organization and #)
- Clinical Fellow: _____
(Supervisor name and her/his ASHA account number)
- Enrolled in a graduate
program in SLP or audiology: _____
(University name and expected graduation date)

Name _____

Address

City _____ State _____

Zip Country

Daytime Phone (____) _____
(Include Area Code)

E-mail Address

Please enter your last name (as it appears on your *ASHA id card*) 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															
B															
C															
D															
E															
F															
G															
H															
I															

ASHA Account Number

You must provide your ASHA Account Number.

1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9
0	0	0	0	0	0	0	0

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.

Provider Use Only

Complete only for those participants receiving less than the maximum number of ASHA CEUs (i.e., partial credit). Please fill in leading zeros followed by the number of ASHA CEUs. For example, to indicate a participant earned .55 ASHA CEU's (that is, 5 1/2 hours) write 0055.

			.		
1	1	1		1	1
2	2	2		2	2
3	3	3		3	3
4	4	4		4	4
5	5	5		5	5
6	6	6		6	6
7	7	7		7	7
8	8	8		8	8
9	9	9		9	9
0	0	0		0	0