



MINNESOTA SPEECH-LANGUAGE-HEARING ASSOCIATION

c/o Craven Management Associates
700 McKnight Park Drive, Suite 708 • Pittsburgh, PA 15237
Phone: 855-727-2836 • Fax: 888-729-3489 • E-mail: office@mnsa.org •
www.mnsa.org

Application for Cooperative Offering

The following information is required in order for MNSHA to process your request. Please complete all sections in full and return this form with your processing fee to the MNSHA office at least six (6) weeks prior to your event date.

Instructional level of event:

- Introductory
- Intermediate
- Advanced

Content of event:

- Basic Communication Processes Area
- Professional Area
- Related Area

Event start date: _____

Event end date: _____

Title of event: *(max. 60 characters; ASHA's system will cut off any overage)*

Description of event (written in past tense): *(for entry on ASHA CE Registry)
(max. 300 characters; ASHA's system will cut off any overage)*

Number of contact hours you are applying for: _____

Note: Contact hours will be rounded down to the nearest half hour.

Location of event: *(facility name, street address, city, state, zip)*

Registration fee: _____

Name(s) of featured speaker(s):

Please attach the following materials (required) to your application:

1. A description of the skills, knowledge, and/or attitudes (learning outcomes) participants will be able to demonstrate as a result of this activity. *(For example: As a result of this activity, the participant will...)*
2. The name, affiliation, and brief description of qualifications of each instructor/speaker.
3. A time-ordered agenda; i.e. the activity's schedule by time periods, and the content, instructional personnel, activities (or methodologies) and learning resources for each time period. Draft copies are acceptable. Final copies should be forwarded as soon as they are available.
4. Promotional materials; i.e. the information you will use to advertise or promote this activity. It must include the required ASHA CE promotional paragraph and CE logo, which will be provided to you once the completed application is received. Draft copies are acceptable. Final copies should be forwarded as soon as they are available.
5. Assessment of learning; i.e., a description of the method(s) you will use to measure/assess what participants learned during the activity.
6. Program evaluation; i.e. a description of the procedure you will use for program evaluation. Include sample form(s), if applicable.
7. A completed "Conflict of Interest: Disclosure and Attestation" (can be downloaded from the MNSHA website) for each instructor personnel and person involved with the planning of your event.
8. Instructor/speaker disclosure; i.e. the method you will use to disclose to participants the proprietary interest(s) and/or affiliation of each instructor/speaker.

Indicate which of the following requirements will be used to determine satisfactory completion/awarding of ASHA CEUs:

- Attainment of learning outcomes
- Attendance *(describe method you will use to verify attendance on an attached sheet)*
- Attainment of learning outcomes and attendance *(describe method you will use to verify attendance on an attached sheet)*

Processing Fee Payment Options:

The MNSHA fee for brokering ASHA CEUs is **\$700**. Please include your payment with this form.

- Check *(payable to MNSHA)*
- VISA MasterCard Discover American Express

Card Number _____ Exp. Date _____ *Note: Your statement will read Nonprofit Solutions for these charges.*

Name of Cardholder _____

Authorized Signature _____

For Office Use Only:	
Date Received:	_____
Payment Rec'd:	_____
Check #:	_____

Return your completed form, required attachments, and payment to the MNSHA office:

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fax: 888-729-3489
 e-mail: office@mnsa.org