WASHINGTON SPEECH LANGUAGE HEARING ASSOCIATION
CONTINUING EDUCATION APPLICATION FOR WORKSHOP SPONSORSHIP

WSLHA to provide ASHA CEUS  ___YES  ___NO
WSLHA to provide OSPI CECH  ___YES  ___NO

DATE(S) OF ACTIVITY:

1. Topic of the continuing education activity (must have direct application to the professional practice of Speech Language Pathology or Audiology) or related professional area.

2. Sponsoring person/agency:

3. Contact person:  Phone:
   E-mail:

4. Intended audience:

5. Instructional personnel:
   Name(s):
   Affiliation:
   Specific title of presentation:
   Professional degree(s) related to topic:
   Training/experience special qualifications related to topic:

6. Learning outcomes – participants will:

7. How will the learning outcomes specified above be assessed? (i.e., pre/post-test, question/answer, demonstrated learning, etc.)

8. Disclosure of proprietary interests or affiliations of presenter (are there exclusive rights to techniques materials, to be presented)?

Please email this form to: patriciabanas@comcast.net

Please send application fee of $50.00 payable to WSLHA to:

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