



# Texas Academy of Audiology

## CEU Course

## SUBMITTAL

[www.texasaudiology.org](http://www.texasaudiology.org)

Please submit this form at least 30 days prior to course date. Submittals after 30 days will be subject to a late fee. No submittals will be accepted within 15 days of the course date.

Provider Name: \_\_\_\_\_

Main Contact: \_\_\_\_\_

Email: \_\_\_\_\_

This is my \_\_\_\_\_ (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, etc) course submittal for the calendar year \_\_\_\_\_.

**COURSE TITLE:** \_\_\_\_\_

**COURSE DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_

**CEUs REQUESTED:** \_\_\_\_\_

**PLACE OF PRESENTATION:** \_\_\_\_\_

**TOPIC / CONTENT:** \_\_\_\_\_

**INSTRUCTION LEVEL:** \_\_\_\_\_

**PRESENTER:** \_\_\_\_\_

**PRESENTER EMPLOYER:** \_\_\_\_\_

**PRESENTER POSITION:** \_\_\_\_\_

**PRESENTER EMAIL:** \_\_\_\_\_

**COURSE DESCRIPTION:**

**LEARNER OUTCOMES:** Upon completion of this course, each participant will be able to:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**PRESENTER BIOGRAPHY:**

Please attach your course agenda and any method utilized to advertise this course.