



Texas Academy of Audiology

P.O. Box 93331, Lubbock, TX 79493-3331

www.texasaudiology.org

Application for Continuing Education (CE) Approval

Application Instructions:

Please complete this form in its entirety and return to CE processor at the above address for program approval.

Fees: Please refer to Instructions for Continuing Education Approval for applicable fees and detailed program requirements, fee schedule and verification process. (Instructions are attached to this application)

Forms must be received by Texas Academy of Audiology no later than 30 days prior to program date.

Date of Program: _____ CE Clock Hours (excluding breaks): _____

Please attach a complete schedule for the program with all break times (a copy of the brochure is sufficient as long as it clearly defines presentation and activity times).

Program Title: _____

City where program will be held: _____

Registration Fee(s) to be charged: _____ Expected Number of Participants: _____

Presenter/Speaker(s): (Include Name, Affiliation and Qualifications)

Brief Description of CE Program and Activities: _____

Knowledge Level of Program: Basic Intermediate Advanced

Educational Objectives: _____

Types of Program Materials to be used in presentation (include brochure or course outline to further illustrate):

Evaluation Procedures: TAA Evaluation Form Other (Please include a copy)

Would you like this program to be listed on the Texas Academy of Audiology website? Yes No

Sponsor Name: _____

Address: _____ City _____, State _____ Zip _____

Contact Person for Program: _____ Phone: (____) _____

Email: _____

Fee Enclosed: \$ _____ Check # _____ Credit Card (Include page 2-credit card payment information)

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CREDIT CARD PAYMENT INFORMATION

(Credit Card Payment information will not be kept on file for security reasons.)

Name as it Appears on the Credit Card: _____

Credit Card Number: _____

Expiration Date: ____/____ CVV Code *(from back of card)*: _____

Billing Address for Credit Card *(this must tie with your credit card company records or credit card will be declined)*:

Street Address: _____

City, State, Zip: _____

Amount to be Charged: \$ _____

Email Receipt should be sent to: _____

Signature: _____