

Journal Club Program CEU Application Form

Please submit this form with payment no later than **30 days in advance** of the first journal club meeting.

Sponsoring Organization:					
Is the sponsoring organization a current AAA CE Provider?					<input type="radio"/> Yes <input type="radio"/> No
Contact Person Name:	Email:	Phone Number:			
Please select the appropriate Journal Club Meeting Package below:					
Package (must be offered within the same calendar year)	AAA CE Provider Fees		Non-AAA CE Provider Journal Club Only Fees (Sponsoring organization is not a current CE Provider and does not offer other AAA approved CE activities)		
3 journal club meetings	<input type="radio"/>	\$90	<input type="radio"/>	\$240	
4 journal club meetings	<input type="radio"/>	\$120	<input type="radio"/>	\$270	
6 journal club meetings	<input type="radio"/>	\$180	<input type="radio"/>	\$330	
10 journal club meetings	<input type="radio"/>	\$300	<input type="radio"/>	\$450	
12 journal club meetings	<input type="radio"/>	\$360	<input type="radio"/>	\$510	

Instructional Level	<input type="radio"/> Introductory <input type="radio"/> Intermediate <input type="radio"/> Advanced
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Briefly explain how you conducted a needs assessment for this program.
Describe the purpose of the program.
Identify the facilitator(s) of each journal club meeting(s)?
How will you ensure the learner outcomes and discussion requirements are incorporated into the discussion?
Please describe your method for measuring and assessing learning took place.
How will you verify participants' attendance?

Please include the following items with your application:

- Attach a short, summary bio and disclosure information for each facilitator.
- Please attach a copy of the evaluation form that will be used to evaluate the quality of your program.
- Please attach a copy of marketing materials. (All brochures and promotional/marketing materials must include the American Academy of Audiology continuing education logo and required promotional paragraph, which can be found on the Academy website).

CE Provider Agreement:

CE Provider makes the following representations, warranties, and covenants and understands that the Academy reserves the right to withdraw approval at any time for failure to abide by these requirements. All information submitted in any course application by a CE Provider must be true and correct and is not false or misleading in any respect. For each application the CE providers must represent and agree to the following:

- CE Provider will abide by all rules, regulations, guidelines, procedures and policies of the American Academy of Audiology regarding the continuing education program (the 'Program'), as amended from time to time.
- CE Provider hereby indemnifies, defends, and holds the American Academy of Audiology, its successors and assigns, and its directors, committee members, officers, employees, members, representatives, affiliates and agents, harmless from and against any and all loss, liability, damage, claim, suit, demand and expense, including, but not limited to, taxes, fines, penalties, court costs and attorney's fees, arising in connection with or related to the Program, CE Provider's continuing education courses, programs and services and/or any act or omission of CE Provider or its employees or agents.

Signature: _____

Date: _____

Method of Payment			
<input type="checkbox"/> Check (made payable to AAA or American Academy of Audiology)			
Credit Card:	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa	<input type="checkbox"/> Amex <input type="checkbox"/> Discover
Name on Card (please print): _____			
Amount: _____			
Card Number: _____		Expiration Date:	_____
<i>I specifically authorize the AAA to charge this amount to my credit card.</i>			
Signature: _____			

Please send your application and payment to:

Fax: 703.790.8631

Email: continuingeducation@audiology.org

Mail: 11480 Commerce Park Drive, Suite 220, Reston, VA 20190 USA