

AMERICAN ACADEMY OF AUDIOLOGY

Independent Study Program Approval Form

This form is to be submitted no later than 28 days in advance of the Program.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Course Title: _____

Date (s): _____

Sponsoring Organization: _____

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- 1) Needs Assessment: Why have you decided to participate in the above course?
What needs do you foresee will be met as a result of participating in this course?

- 2) What learning outcomes will you be able to demonstrate as a result of taking this course?

- 3) Please list or attach a list of instructional personnel involved in this course along with their affiliations.

- 4) Attach a copy of the brochure or program describing the instructional activities in which you will be participating.

- 5) Number of CEUs to be earned: _____

- 6) Keep a copy of this form for your records and to assist you with completing the **Independent Study Form** following the program.

- 7) Please send this form and a check for the independent study fee (\$50) to:

American Academy of Audiology
Independent Study
11480 Commerce Park Drive, #220
Reston, VA 20191