American Academy of Audiology
CE Provider Registration Form

Please submit this form to the American Academy of Audiology prior to submitting your first course application. All correspondence from the Academy will be forwarded to the contact listed on this form. This form should also be submitted to AAA when there is a change to the main contact. Please type this form or print clearly.

Provider Name: ______________________________________________________

Main Contact: _________________________________________________________

Address: ______________________________________________________________

City: __________________________ State: _______ Zip: ________________

Phone: __________________________ Fax: __________________________

Web site: _________________________

Email: ____________________________

Have you offered Academy CEUs in the past?  □ Yes  □ No

By registering to be an Academy CE Provider, I make the following representations, warranties and covenants and understand that the Academy reserves the right to withdraw approved CE Provider status at any time for failure to abide by these requirements: (Check each bullet)

☐ To thoroughly read all CE Provider information and abide by the Course Application Requirements, Guidelines, Warranties and Covenants.  
   http://www.audiology.org/professional-development/continuing-education/ce-provider-information

☐ The CE Provider has reviewed the fee structure and has sufficient financial resources to sustain the development and implementation of courses for the current calendar year.

☐ CE Provider will make a mid-year and end-of-year payment to the Academy for the total number of courses submitted to/approved by the Academy for CEUs through the year, regardless of whether or not the course(s) was actually offered.  
   http://www.audiology.org/professional-development/continuing-education/ce-provider-information/fee-structure

☐ Activities requesting Tier 1 CE Hours will adhere to the guidelines set forth by the American Academy of Audiology.  
   https://www.audiology.org/continuing-education/ce-provider-information/tier-1-ce-approval-information-requirements

CE Provider Contact Authorized to Sign: ____________________________ Date: _______

Revised October 2020
Payment Information

| Provider Name: ______________________________________________________ |
| 2021 Annual Registration Fee: $275                        $_____ |
| (Required Annually)                                          |
| CE Provider Application Fee: $250                          $_____ |
| (One-time fee for all new CE Providers)                     |
| Total Enclosed: $275.00 / 525.00  |
| Payment Method:                                             |
| Check #__________                                         |
| Credit Card # ____________________________________________ Expiration: __________ |
| o Visa  o Master Card  o American Express  o Discover    |
| Name ______________________________________________________ |
| Signature: ________________________________________________ |

Submit this form and payment to:  
American Academy of Audiology  
Attn: Professional Development  
11480 Commerce Park Drive, Suite 220  
Reston, VA 20191  
continuingeducation@audiology.org  
Phone: (703) 226-1079    Fax: (703) 790-8631