



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: _____

Payment Information

Provider Name: _____	
Annual Registration Fee: \$275 _____	\$ _____
(Required Annually, Specify Year _____)	
CE Provider Application Fee: \$250 _____	\$ _____
(One-time fee for all new CE Providers)	
	Total Enclosed: \$275.00 / 525.00
Payment Method:	Please circle amount enclosed
Check # _____	
Credit Card # _____ Expiration: _____	
<input type="radio"/> Visa <input type="radio"/> Master Card <input type="radio"/> American Express <input type="radio"/> 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