



# Texas Academy of Audiology

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

## Application for Continuing Education (CE) Approval for a Course/Activity

### Application Instructions:

Please complete this form in its entirety and return to CE processor at the above address for course approval. **Fees:** \$50 for event up to 3 hours and \$15 for each additional block of 3 hours. Forms must be received by TAA no later than 30 days prior to the actual activity date or forms will be returned unprocessed. Verification forms will not be sent until full payment has been received. See TAA CE Instructions for detailed course requirements, fee schedule and verification process.

**Date of Course/Activity:** \_\_\_\_\_ **CE Clock Hours(excluding breaks):** \_\_\_\_\_

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

**Course Title:** \_\_\_\_\_

**City where course 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 Course and Activities:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Knowledge Level of Course/Activity:**       Basic       Intermediate       Advanced

**Educational Objectives:** \_\_\_\_\_

\_\_\_\_\_  
**Types of Activities/Materials to be used in presentation (include brochure or course outline to further illustrate):**

**Evaluation Procedures:**       TAA Evaluation Form       Other (please include copy)

**Would you like this course to be listed on the TAA website:**       Yes       No

**Sponsor Name:** \_\_\_\_\_

**Contact for Course:** \_\_\_\_\_ **Daytime Phone:(    )** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **FAX:(    )** \_\_\_\_\_

**Fee Enclosed: \$** \_\_\_\_\_       **Check #** \_\_\_\_\_       **Credit Card** (last 4 digits) \_\_\_\_\_

(Include Page 2-credit card information)

**Application for Continuing Education (CE) Approval for a Course/Activity**  
**CREDIT CARD PAYMENT INFORMATION**

*(FOR SECURITY REASONS, THIS INFORMATION WILL BE DESTROYED ONCE PAYMENT  
AUTHORIZATION IS COMPLETE, IT WILL NOT BE KEPT ON FILE)*

**Name on Card:** \_\_\_\_\_

**Credit Card Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_/\_\_\_\_ **CVV Code** *(from back of card):* \_\_\_\_\_

**Billing Address:** (Street Address) \_\_\_\_\_

(City, State, Zip) \_\_\_\_\_

**Amount to be Charged:** \$\_\_\_\_\_

**Signature:** \_\_\_\_\_