American Academy of Audiology ABA Tier 1 2013 Processing Form



This completed form must accompany an Academy CEU Program Approval Form. Please also include Tier 1 Assessment.

Submit no later than 45 days in advance of the Program.

Review ABA Tier 1 Information as it relates to CE Providers:

http://www.americanboardofaudiology.org/recertify/conferences_tier1.html

Contact continuingeducation@audiology.org for assistance.

	Tame: Joint Defense/Veterans Audiology Co					
	itle: Solving the Puzzle: Joining Audiology					
If multiple sessions within a conference are offering Tier 1, please list each session & t Session: Cochlear Implant Session			he length. E	ach session nee Length:	eds a sepai 3.5	rate assessment hours
Session	n: Vestibular Session			Length:	3.5	hours
Session			Dhamas	Length: _	1011	_ hours
	erson: Christopher Galizio		Pnone:	216-791-3800	X4014	
	iber of Contact Hours:	7				
Number of	f CEUs:					
Date(s):	2/25/13, 2/26/13, 2/27/13					
	Guidelines Summary	for ABA Tier 1	CE Prov	viders*		
	participants about Tier 1 hours. Include requi	ired verbiage				
~ .	participants of the requirements of completion	-4::41 FF				
	y or presentation must be at least 3 hours dura presenters of the Presenter Guidelines (guidelin			leasure or ass	essment	
	the assessment tool in conjunction with mater			ent correspond	ds with the	e activity
	ment tool may be multiple choice, true/false or					
	mum of 4 choices per question.					
	e sufficient copies of the learner assessment too		v :i	1		
	and score the assessment tools. A minimum pet a list of ABA certificants who participated in t				res to the	Academy
- Subim	t a list of ADA certificants who participated in t	ine ob activity along	g with the ac	scssment sco	ics to the	Academy
*Full Guidelin	nes can be found at http://www.americanb	ooardofaudiology.o	rg/recertify/	conferences	tier1.html	
		11				
This activity ac	dheres to the Guidelines for ABA Tier 1 CE	Providers and Pre	esenters G	uidelines set	forth	American Board of
by the America	an Board of Audiology.	11//	11)		Audiology
		11/1	1/1	IN/24	9	BILLERSON SERVED OF THE CONTRACTOR
CE Provider	Contact Authorized to Sign:	//	/ 1	Vejeu	/	
PAYMENT						
	. ADAM: 1 OD A .: .:					
	rocessing an ABA Tier 1 CE Activity is \$75		ourses wit	h multiple d	ates and	locations. Tier
1 payment nee	eds to be included with the Program appro	ovai iorm				
Check #						
-	1016 2112 00-0 2108	_	1			
Credit Card	# 4266 8410 2082 3108	Expiration:	11/14			
⊗ Visa (OMaster Card OAmerican Express	ODiscover				
PL	DICTORNILLO CATESTO					
Name	KISTOPHER GALIZID					
	Submit this form, payment an	d the CEU Progra	am Approx	al Form to:		
	Until October 26, 2012:		•	ber 26, 2012		
	Until October 20, 2012.		THICK OCTO	DUI 40. 4014		

Until October 26, 2012:

American Academy of Audiology Education Department 11730 Plaza America Drive, Suite 300 Reston, VA 20190-4798 Ph: (703) 226-1043

Reston, VA 20191 Fax: (703) 790-8631

American Academy of Audiology

11480 Commerce Park Drive, Suite 220

Print Form

Education Department

Revised August 2012

Submit by Email