



Attendance Form for CEU Credit

**Continuing Education Units (CEUs)
2024 Early Hearing Detection and Intervention Conference**

March 17-19, 2024

AG Bell Academy CEU Application Instructions

- Complete the AG Bell Academy CEU Submission form (Qualtrics survey) and submit. The CEU form will automatically calculate the hours you attended. For your own records, calculate the number of total contact hours you attended and note it on this form.
- Complete online evaluations for each of the approved sessions that you attend. An overall conference evaluation will be emailed to registrants after the conference.
 - Mark the AG Bell Academy box at the top of each session evaluation you complete
- You will need to submit the form no later than March 30, 2024. NCHAM makes CEU submissions based on information submitted through the Qualtrics/CEU submission form.
- Comprehension of learning objectives for the EHDI Conference will be self-assessed and as a part of the online CEU form. All session learning objectives can be found under the detailed schedule at <https://ehdimeeting.org/Schedule.cfm>.

***For your own records, you may complete and print the info below. You do not need to submit this to NCHAM/EHDI Conference coordinators. NCHAM/EHDI Conference Coordinators only need a completed (Qualtrics) CEU form/survey and completed evaluations.**

Name _____

AG Bell Academy Member Number* _____

Address _____

Phone _____

E-mail _____

Total hours attended _____



ACADEMY CEU REQUEST FORM

Participants wishing to receive LSLS CE credits from the Academy for their participation should complete this form. Participants must keep this letter on file for reference at the time of their certification renewal or submit with the LSLS exam application. To learn more about LSLS certification, please visit the www.agbellacademy.org

Program Title: Early Hearing Detection and Intervention Conference

Dates/Location: 3/17-19/2024

Academy CE Code: CE-NCH-24-001

Program CE Provider: National Center for Hearing Assessment and Management (NCHAM)

CE Hours Awarded: Up to 11

Total LSL CEUs Earned: _____

Approved Provider Signature: Karen Munoz

Participant Information

Participant Name: _____

LSLS ID # (if applicable) _____

Address: City/State/Zip: _____

E-mail: _____

NOTE: Please include this form at time of renewal or LSLS™ exam application to receive the above indicated CE Credits.