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 on this fillable form.*** Please do not print**.**

**Provider Organization Name: \_\_\_\_\_\_**

**Provider Contact’s Name:**

**Provider Office 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](https://www.audiology.org/continuing-education/ce-provider-information/tier-1-%20ce-approval-information-requirements)

**CE Provider Contact Authorized to Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_**

Payment Information

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| --- |
| **Provider Organization Name:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **CE Provider Annual Registration Fee: $300 $\_\_\_\_\_\_\_**  (Required Annually, Specify Year \_\_\_\_\_\_\_\_\_\_\_\_)    **CE Provider Application Fee: $275 $\_\_\_\_\_\_\_**  (One-time fee for all new CE Providers)    **State Academies:**  **CE Provider Annual Registration Fee: $250 $\_\_\_\_\_\_\_**  (Required Annually, Specify Year \_\_\_\_\_\_\_\_\_\_\_\_)  **CE Provider Application Fee: $225 $\_\_\_\_\_\_\_**  (One-time fee for all new CE Providers)  \***Total Enclosed: $\_\_\_\_\_\_\_\_\_\_\_\_** Payment Method: Check #\_\_\_\_\_\_\_\_\_\_\_\_  Credit Card # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration: \_\_\_\_\_\_\_\_\_\_\_   * Please provide the security code separately to process the payment.   Visa Master Card American Express Discover  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Send this form with payment to the following address, or by secure fax:**

American Academy of Audiology

Attn: Professional Development

11480 Commerce Park Drive, Suite 220

Reston, VA 20191

[continuingeducation@audiology.org](mailto:continuingeducation@audiology.org)

Phone: (703) 226-1079 Fax: (703) 790-8631