



ACADEMY CEU REQUEST FORM

The AG Bell Academy for Listening and Spoken Language has approved the following program (s) to offer LSLS CEUs.

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 www.agbellacademy.org

Program Information

Title of Presentation: Teaching Students who are Deaf/Hard of Hearing with Additional Disabilities

Program Provider: Supporting Success for Children with Hearing Loss

Date: _____

Total Learning Hours/CEs: 1.5

Academy CEU Code: CE-SSCHL-23-011

Approved Provider Signature: Michelle Andres Karen L. Anderson

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.