

VERIFICATION OF ATTENDANCE

This form will be accepted as documentation of attendance for the ASHA Certification Maintenance professional development requirement.

This form is provided for ASHA certificate holders to document Certification Maintenance Hours (employer-sponsored In-service activities and other organizations' continuing and professional development activities).

This confirms that _____
(print name of attendee)

Attended (title of activity):

What We Can Do to Prevent Rejection of Hearing Device Use

Presenter: Karen Anderson

Completion date: _____

Number of Certification Maintenance Hours*: **0.20** **120 minutes**

Certification Maintenance Verified By:

Supporting Success for Children with Hearing Loss

Name of sponsoring organization or third party

Karen L. Anderson

Authorized individual's signature

12094 Anderson Road, Suite 347, Tampa FL 33625

Mailing address of sponsoring organization or third party

888-963-8991

Questions@success4kidswhl.com

Telephone number

E-mail address

***ASHA Certification Maintenance Hour (CMH)** = 60 minutes spent in a professional development activity as a learner or participant (not including break time).

0.1 CEU = 1 CMH

1.0 CEU = 10 CMH

3.0 CEU = 30 CMH

1 quarter hour college coursework = 10 CMH

1 semester hour academic coursework = 15 CMH