



ASHA
American
Speech-Language-Hearing
Association

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 professional development hours (PDHs), such as employer-sponsored in-service activities and other organizations' continuing and professional development activities.

This confirms that _____
(print name of attendee)

Attended (title of activity):

Focused Functional Assessment

Topics: functional assessments, norm-referenced test, assessments to assess Functional Performance

Completion date: _____

Number of PDHs*: 2

Certification Maintenance Verified By:

Supporting Success for Children with Hearing Loss

Name of sponsoring organization or third party

Michelle Andros, MSED

Authorized individual's signature 12094 Anderson Rd/Suite 347
Tampa, FL 33625

Mailing address of sponsoring organization or third party

888-963-8991

ceanswers@gmail.com

Telephone number

Email address

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

0.1 ASHA CEU = 1 PDH

1.0 ASHA CEU = 10 PDHs

3.0 ASHA CEUs = 30 PDHs

1 quarter hour college coursework = 10 PDHs

1 semester hour academic coursework = 15 PDHs