

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): Denver Dysphagia Rounds

Completion date: 2/12/19

Number of Certification Maintenance Hours*: 1.5

Certification Maintenance Verified By:

Carter Swallowing Center
Name of sponsoring organization or third party

Jennifer H. Carter, M.Ed., CCC-SLP
Authorized individual's signature

3470 S. Sherman St. Suite 2 Englewood CO 80113
Mailing address of sponsoring organization or third party

720-880-6232 Telephone number
jen@carterswallowingcenter.com 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