

# CONTINUING EDUCATION CREDIT

## *INSTRUCTIONS FOR CLAIMING CONTINUING EDUCATION CREDIT*

1. Continuing education credit is available for web seminar participants who need to satisfy the continuing education requirements of state or professional licensing boards and/or associations. A nominal administrative fee of **\$25.00** per CEU hour is charged to cover the cost of obtaining board approvals, issuing certificates, processing continuing education credits with accrediting organizations, and maintaining CEU records.
2. Please complete one order form (pp. 2-3), as well as an evaluation form (p. 4) for each **recorded web seminar** you view. *Make additional copies of page 4 as needed.*
3. Please return this form to ASA with payment via mail or fax to:

**Attn: Nancy Decia**  
**American Society on Aging**  
**71 Stevenson Street, Suite 1450**  
**San Francisco, CA 94105-2938**  
**Fax: 415-974-0300**  
**Phone: 415-974-9610**

4. Certificates will be emailed within 30 working days. We recommend that you retain the certificate and a copy of this application for as long as required by your board or association.
5. If you have questions or concerns regarding continuing education, please contact Nancy Decia by calling (415)974-9610 or emailing [ndecia@asaging.org](mailto:ndecia@asaging.org).

### **Choose from these boards on page 2 when ordering CEUs**

#### Counselors

- *National Board of Certified Counselors (NBCC)*
- *California Board of Behavioral Sciences (CBBS)*

#### Drug and Alcohol Counselors

- *California Association of Drug and Alcohol Counselors (CAADAC)*

#### Mental Health Professionals/Social Workers

- *Association of Social Work Boards (ASWB)*

#### Nurses

- *The California Board of Registered Nursing (CA-BRN)*

#### Occupational Therapists

- *American Occupational Therapy Association (AOTA)*

#### Health Education

- *National Commission for Health Education Credentialing Inc. (NCHCEC)*

# American Society on Aging CEU Order Form

Please complete this form and an evaluation (p. 4) for each web seminar you viewed (make copies as needed if you view more than one recorded webinar). Certificates of Continuing Education will be emailed within 30 working days of submission of CEU form and cleared payment.

PLEASE PRINT CLEARLY

Name \_\_\_\_\_ Title \_\_\_\_\_

Organization \_\_\_\_\_ Profession/Occupation \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

Email address (required for CEU delivery) \_\_\_\_\_

Select the BOARD(S) for which you are requesting Continuing Education Credit (no additional fee for multiple boards since fee is per event)

*If your profession or state or national board is not listed on the Board Approval List, please verify with your board or association regarding acceptance of one of the providers listed below, or acceptance of a Certificate of Attendance, before applying for CEUs.*

- |   |   |
|---|---|
| <input type="checkbox"/> <b>AOTA:</b> American Occupational Therapy Association | <input type="checkbox"/> <b>NAACM:</b> The National Academy of Certified Care Managers        |
| <input type="checkbox"/> <b>ASWB:</b> Association of Social Work Boards         | <input type="checkbox"/> <b>MCHEC:</b> National Commission for Health Education Credentialing |
| <input type="checkbox"/> <b>CAADAC:</b> Drug & Alcohol Counselors               | <input type="checkbox"/> <b>NBCC:</b> National Board of Certified Counselors                  |
| <input type="checkbox"/> <b>CA-BRN:</b> CA Board of Registered Nursing          | <input type="checkbox"/> <b>Certificate of Attendance ONLY</b>                                |
| <input type="checkbox"/> <b>CBBS:</b> CA Board of Behavioral Sciences           |   |

**Initial here:** \_\_\_\_\_ I verify that I have accurately stated the number of hours of continuing education I have earned.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

## PAYMENT

Total number of CEU hours \_\_\_\_\_ x \$25 per hour = \$ \_\_\_\_\_

### 1. Credit Card Payment (Fax or Mail):

Card Holder Name: \_\_\_\_\_

Card Type: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date \_\_\_\_\_

Security Code: (3 or 4 digit code located on the front or back of credit card) \_\_\_\_\_

Your zip code (required) \_\_\_\_\_

### 2. Check Payment (Mail only)

Please enclose check made out to "American Society on Aging" and mail with pages 2-4. Note check number: \_\_\_\_\_.

#### Forms can be mailed or faxed to:

American Society on Aging • Attn: Nancy Decia • 71 Stevenson Street • Suite 1450 •  
San Francisco • CA 94105  
Fax: 415-974-0300

## Session Evaluation Form (make additional copies for each web seminar)

*First and last name:* \_\_\_\_\_

*Web Seminar Title:* \_\_\_\_\_

*Date(s) web seminar was viewed:* \_\_\_\_\_

### **SESSION EVALUATION**

*For each statement below, please circle the one answer that best indicates how much you agree or disagree with the statement.*

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<b>Content</b>					
1. The session content fulfilled the objectives as stated in the description.	1	2	3	4	5
2. I learned as much or more than I expected.	1	2	3	4	5
3. The training format (live or recorded web seminar) was effective.	1	2	3	4	5
4. This training will help positively inform my professional practice or performance.	1	2	3	4	5
<b>Organization</b>					
5. The session was well-organized.	1	2	3	4	5
6. The session slides were clear and legible.	1	2	3	4	5
7. The session length was appropriate for this session.	1	2	3	4	5

### **FACULTY EVALUATION**

**For each presenter, write the presenter's name and circle your answer for each of the three questions.**

**Presenter #1 Name:** \_\_\_\_\_

1. The presenter was well prepared.	1	2	3	4	5
2. The presenter provided information in an interesting and articulate manner.	1	2	3	4	5
3. The presenter was knowledgeable about the subject.	1	2	3	4	5
4. I would attend future sessions presented by him/her.	1	2	3	4	5

**Presenter #2 Name:** \_\_\_\_\_

1. The presenter was well prepared.	1	2	3	4	5
2. The presenter provided information in an interesting and articulate manner.	1	2	3	4	5
3. The presenter was knowledgeable about the subject.	1	2	3	4	5
4. I would attend future sessions presented by him/her.	1	2	3	4	5

**Presenter #3 Name:** \_\_\_\_\_

1. The presenter was well prepared.	1	2	3	4	5
2. The presenter provided information in an interesting and articulate manner.	1	2	3	4	5
3. The presenter was knowledgeable about the subject.	1	2	3	4	5
4. I would attend future sessions presented by him/her.	1	2	3	4	5