

LSHA in Schools Virtual Workshop: October 17, 2020 Tracking Sheet

Name: _____ License #: _____ Area of licensure: _____

Phone #: _____ - _____ - _____ Email: _____ ASHA #: _____

Use this form to verify your attendance for ASHA CEU credit. Please return this form and your ASHA CEU Participant Form to Rhonda Hodo, 2405 Maryland Ave., Metairie, LA 70003 by October 27. You may fill out an additional copy of this form for you own records which can be used to verify continuing education hours required for LBESPA's state licensure renewal. LSHA provides LBESPA a list of attendees.

Session title/speaker	Learner outcomes met?		LBESPA clock hours	ASHA CEUs 1hr=.1
	Yes	No		
Totals				
Total possible: 7 hours / .7 CEU				

By this signature, I attest to the attendance of the sessions listed on this tracking sheet.

Signature of participant: _____ Date: _____