



# ASHA CEU/Act 48 Conversion Form

For Use to obtain Act 48 CE hours for Attendance to ASHA approved workshops (Jan 2001- current)

*Must be completed and legible to be accepted. PLEASE PRINT.*

**The following criteria must be met in order for Act 48 CE hours to be awarded:**

- Content is related to professional development for attainment of PA academic standards K-12 and high quality instruction;
- Is planned and conducted by personnel who have the academic degree and experience of the subject matter;
- Has clear and concise skill based competencies that are intended to be mastered upon completion;
- Requires that participants demonstrate attainment of the competencies.

**Attach required support: ASHA CE Registry Transcript (with title, hours and start to end dates highlighted) OR Proof of attendance AND brochure showing the ASHA CEU logo**

Name \_\_\_\_\_ SS# | \_ | \_ | \_ | \_ | - | - | \_ | \_ | \_ | \_ | \_ | \_ |

or PDE Professional Personnel ID # | \_ | \_ | \_ | \_ | \_ | \_ | \_ | \_ |

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

**CEU fees:**

PSHA Member: \$25 (first 5 conversions)

Non-member: \$50 (first 5 conversions)

Each additional 5 conversions: \$10

***Please attach fee with this form – fees are applicable over a 365-day period.***

**Fees Included:**

\_\_\_\_\_ First 5 Conversions

\_\_\_\_\_ For \_\_\_\_\_ Additional Conversions

**Payment Method (check one)**

\_\_\_ Check (***payable to PSHA***) \_\_\_ VISA \_\_\_ MASTERCARD

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

In adherence to the ASHA Code of Ethics, I affirm the conventions I attended met the criteria listed above.

Signature of attendee / date \_\_\_\_\_

**Please forward to :PSHA Office, 700 McKnight Park Drive, Suite 708, Pittsburgh, PA 15237  
FAX 412-366-8804**

**Questions? Call 412-366-9858 or email psha@psha.org.**