

# AMERICAN ACADEMY OF AUDIOLOGY

## Independent Study Program Approval Form

This form is to be submitted no later than 45 days in advance of the Program.

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

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Course Title: \_\_\_\_\_

Date (s): \_\_\_\_\_

Sponsoring Organization: \_\_\_\_\_

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- 1) Needs Assessment: Why have you decided to participate in the above course?  
What needs do you foresee will be met as a result of participating in this course?

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- 2) What learning outcomes will you be able to demonstrate as a result of taking this course?

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- 3) Please list or attach a list of instructional personnel involved in this course along with their affiliations.

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- 4) Attach a copy of the brochure or program describing the instructional activities in which you will be participating.

- 5) Number of CEUs to be earned: \_\_\_\_\_

- 6) Keep a copy of this form for your records and to assist you with completing the **Independent Study Form** following the program.

- 7) Please send this form and a check for the independent study fee (\$50) to:

**American Academy of Audiology**  
**Independent Study**  
**11480 Commerce Park Drive, #220**  
**Reston, VA 20191**