

SELF-REPORTING CEU SUBMISSION FORM

Personal Information

Name

ASID Member Number

Interior Design Continuing Education Council (IDCEC) Number

ASID Accepts:

Type of Course	Number of CEUs	Information to Submit to ASID	Fee	Information to Submit to Your IDCEC Registry
IDCEC approved education	Unlimited	Non-applicable	None	Refer to IDCEC tutorial on "Tracking and Reporting Continuing Education"
Courses approved by relevant organizations [AIA/CES, GBCI, NKBA, IFMA]	Unlimited	Non-applicable	None	Select report "Non-IDCEC Course or Activity Attendance" and fill in course information, select "ASID pre- approved CEUs," and use ASID approval code: 31400. Once submitted, upload certificate of completion.
State Regulatory Board approved courses*	Unlimited	ASID Self- Reporting Submission Form and course transcript from regulatory board	None	ASID will report to IDCEC for member.
Higher education courses	.1 CEU (1 hour) per credit hour for coursework not earned toward a degree program.	ASID Self- Reporting Submission Form and course transcript with passing grade	None	Upload ASID approval to your IDCEC registry along with certificate of completion.
Courses offered by other providers	Unlimited	ASID Self- Reporting Submission Form and certificate of completion or supporting materials	\$25 USD	Upload ASID approval to your IDCEC registry along with certificate of completion.

• Note: Continuing education requirements for State Regulatory Boards vary. Check with your jurisdiction for requirements.



Self-Reported Course Information

Complete this course information for any course that is not offer through one of the providers listed above.

Course Title		Course Date		
Provider/Sponsoring Organization		Provider Email		
La La cher Marca				
Instructor Name	Length of C Hours *	Length of Course / Total Number of Credit Hours *		
* Note: Total number of CEUs cannot ex nearest hour. Calculate number of CEUs for c credit hours earned, not the actual hours spe	ollege/university of			
Have you attended this course before?	□ YES	□ NO		
Target Audience(s)				
Residential		□ Office/Corporate (commercial)		

- □ Healthcare
- Government/Institutional
- □ Facilities Management

Type of Course

In-person presentation learning:

- □ Hospitality/Entertainment
- □ Retail/Store Planning
- □ Other, _____

□ Lecture □ Field Lab

□ Accredited college/university course *Course cannot count toward a degree program*

Description

Please provide a short description of the course.



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Outline/Agenda

Please provide course schedule/syllabus by listing the topics addressed, any pertinent sub-topics, in five-, 10- and 15-minute intervals. If the course had a printed agenda with the course outline you may use that.

If the schedule/syllabus is longer than the given space, please include	le it as a separate document.
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Order	Duration	Description of Topic/Content
1		
2		
3		
4		
5		
6		
Total:		

Learning Objectives

Please list what you, as a learner, are able to perform at the conclusion of instructional activities.

Number	Description of Objective
1	
2	
3	

Supporting Materials

Verification of Attendance

Submit a copy of proof verifying your attendance at and successful completion of the course (one of the following). You cannot receive credit without providing proof of your attendance.

- □ Instructor-signed certificate of completion □ Copy of transcript from accredited college □ Instructor-signed exit letter
 - or university

Verification must include the duration of the course, provider, date and participant name.



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Course Evaluation

To receive IDCEC approval, course evaluation is required.

Scorecard	Poor	Deficient	Average	Good	Excellent
Overall impression	1	2	3	4	5
Quality of content <i>timeliness, relevance, depth</i>	1	2	3	4	5
Speaker's presentation skills <i>delivery, visuals, interactivity</i>	1	2	3	4	5
Relevance to your work	1	2	3	4	5
Comments					

Payment Information

The ASID Self-Reporting CEU submission fee is **\$25 (USD)**. *Fee is not refundable. Self-Reporting CEU Submission Form processing can take up to two weeks. Approval on any level is not guaranteed.*

	American Express	Visa	□ MasterCard
Check Number	Credit Card		
Name on Card	Card Nu	mber	
Expiration Date	Security Code	Amount I	Paid

By signing this form, I understand that my payment is non-refundable, regardless of the outcome of this request for CEU approval. The final decision on approval rests with ASID.

Signature

Date

Send completed form to:

American Society of Interior Designers	OR	Email:
Attn: Self-Reporting CEU Form		Education@asid.org
1152 15 th St. NW Ste. 910		
Washington, D.C. 20005		