

**CEU Checklist**

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| --- | --- |
| Article Name/CEU Title |  |
| Disorder Area |  |
| Main Idea/Takeaway (Please provide a brief summary) |  |
| Research to Cite (this will be added to EBP folder for clinical use) |  |

Email completed form [aaslstactivities@gmail.com](mailto:aaslstactivities@gmail.com) email address.