



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.



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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

Instructor Name

Length of Course / Total Number of Credit
Hours *

** Note: Total number of CEUs cannot exceed 0.8 (eight hours) per day. Round down to nearest hour. Calculate number of CEUs for college/university courses on total number of credit hours earned, not the actual hours spent in class.*

Have you attended this course before?

YES

NO

Target Audience(s)

Residential

Healthcare

Government/Institutional

Facilities Management

Office/Corporate (commercial)

Hospitality/Entertainment

Retail/Store Planning

Other, _____

Type of Course

In-person presentation learning:

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 it as a separate document.

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 or university
- Instructor-signed exit letter

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 Number

_____ _____ _____
Expiration Date Security Code Amount 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 15th St. NW Ste. 910
Washington, D.C. 20005