

# CAS Advanced Workshop Application

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

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

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

Educational degree \_\_\_\_\_ Year received \_\_\_\_\_ Current CCC? Y N

Employer: \_\_\_\_\_

Position: \_\_\_\_\_

Employment setting: \_\_\_\_\_ private practice \_\_\_\_\_ for-profit organization \_\_\_\_\_ not-for-profit  
\_\_\_\_\_ other (describe) \_\_\_\_\_

## Implementation Survey

The Once Upon A Time Foundation provides funding for the Advanced CAS Workshop so that speech-language pathologists may attend free-of-charge. Similar conferences cost participants approximately \$800. As a condition of attendance, the Foundation requires that you complete two implementation surveys (6 weeks and 6 months after the workshop). The surveys will be sent electronically by the Once Upon A Time Foundation and will take approximately 10 minutes to complete. If you do not wish to complete one or both surveys, the foundation will bill you \$100.00 for each uncompleted survey. This survey data is very important to the foundation for ongoing evaluation the CAS workshop.

Please check the box and initial the following section acknowledging your agreement of the following:

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In addition, if I am selected to attend the workshop, I agree to fill out two surveys. If I do not fill out either survey, I agree to pay \$100 for each survey I do not fill out to offset the nearly \$800 expense of the conference that has been underwritten on my behalf. One survey will be sent six weeks after the conference and the second survey will be sent six months after the conference.

Applicant Initials \_\_\_\_\_

## Please attach the following items to your application:

- 1) A copy of the online video post-test certificate. Must score at least 80%.
- 2) A Statement of Intent describing why you are interested in attending this workshop and how you will utilize this information in your clinical practice. Please include details about how you will implement the knowledge and skills acquired in this workshop to help

students or colleagues further their understanding of CAS treatment and/or how you might serve as a resource for CAS. The statement of intent should not exceed one page.

Email the application and attachments to [CSD-SLP@uthscsa.edu](mailto:CSD-SLP@uthscsa.edu). In your email, please also verify that you have completed the Diagnosis and Management of CAS Skills Assessment. You will receive a confirmation email within a few days. If you do not receive a confirmation email, please contact us to verify that your application was received. Applicants will be notified of acceptance at least 30 days prior to the workshop. Completing an application does not guarantee acceptance. If you have questions, please contact **Angela Kennedy** ([KennedyAJ@uthscsa.edu](mailto:KennedyAJ@uthscsa.edu)).