



# CEU APPROVAL FORM

Due 6 weeks prior to program date.

*(Please print or type)*

## **PART I-PROVIDER DETAILS**

Educational Provider: \_\_\_\_\_

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

City, State & Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

Email: \_\_\_\_\_ Signature: \_\_\_\_\_

## **PART II-PROGRAM DETAILS**

Program Title: \_\_\_\_\_

Program Date: \_\_\_\_\_

Locations (City, State): \_\_\_\_\_

CEUs Requested: \_\_\_\_\_ *(minimum 1 hour of instructional time-do not include registration time or breaks)*

Program Type:  Workshop  Conference  Webinar  Online

\*Home Study- *Participants must complete a test documenting course completion. The test must be submitted to the educational provider for grading.*

## **PART III-REQUIRED ATTACHMENTS** *(All attachments must be submitted along with the CED Approval Form)*

Program Description  Learning Objectives  \*If Home Study-copy of test

Program Evaluation Form  Copy of Presentation *(Handouts, PowerPoints)*

Program Agenda *(Sessions & Times, registration, breaks, meals)*

Speaker Bio *(Qualifications/Degree/Current Position)*

For State Affiliate Use Only

Received: \_\_\_\_\_ Processed: \_\_\_\_\_

Hours approved: \_\_\_\_\_ Hours Requested: \_\_\_\_\_

Approved By: \_\_\_\_\_