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: _____________________________________________