

PROCEDURES FOR OBTAINING CONTINUING EDUCATION UNITS

Complete the **Continuing Education Units Request Form** for each educational activity that you wish to offer continuing education units (CEUs).

Mail your completed Continuing Education Units Request Form along with the following information to the address below:

- Program description and learning objective(s)
- Detailed program agenda and schedule
- Copy of program brochure and/or other descriptive material
- Resumes and/or bios for all presenters

If approved, the Office of Continuing Education will send the program coordinator a CEU approval memo providing the appropriate course number, number of CEUs approved, and registration forms for each participant to complete.

The cost is \$15.00 per participant for CEU credits only *or* \$20.00 per participant for CEU credits along with a certificate of completion mailed to each participant.

Upon completion of the event, the program coordinator mails the completed registration forms for each participant, payment for each participant, and event rosters to the Office of Continuing Education no later than 7 business days after the last day of the approved program.

Please note:

- 10 instructional/contact hours equals 1 CEU.
- Programs offered must provide educational practice appropriate to the subject matter and expected training outcomes.
- All required documents should be submitted to the Office of Continuing Education 6-8 weeks prior to event/course date.
- Degree and/or experience level should be listed on instructor's resume and education/experience should be related to the presented topic.
- The minimum time for each program is 45 minutes. Any time less than 45 minutes will not be evaluated.
- Calculation of contact hours involved in the continuing education program may not include the following elements: orientation or opening remarks; entertainment or recreation; committee meetings; travel; or unsupervised study.

CONTINUING EDUCATION UNITS REQUEST FORM

Please complete this form and return to the Office of Continuing Education.

**Organization
Name:**

**Mailing
Address:**

Street Address

City, State

Zip

**Program
Coordinator:**

Name

Email

Phone

**Program
Title:**

**Program
Dates:**

_____ thru _____

MM/DD/YYYY

MM/DD/YYYY

Number of program meeting days

**Program
Location:**

Street Address

City, State

Zip

**Program
Description:**

**Learning
Objectives:**

**Type of
Activity:**

Conference,
Workshop, Symposium

Course, Seminar,
Hands-On Program

Community Course,
Lifelong Learning
Program

Youth Event, Camp,
Exposition

Check One:

CEUs only (\$15.00 per person)

CEUs plus Certificate (\$20.00 per person)

CEU Request: Approved: _____ Denied: _____ Reviewed by: _____ Date: _____