



CEUs REQUEST FORM

Fill this form out completely to be considered for CEUs. Read over the guidelines before completing.

Name of Person requesting CEUs:			
Address:		State:	Zip:
Email:		Phone Number:	
Association/Board accepting CEUs:			

Name of Program for CEUs:	
Date(s) & Time(s):	
Location of Program:	
Total Instructional Hours:	Total CEUs to be awarded:
Name of Instructor:	
Instructor's phone number:	
Instructor's email:	
Instructor's highest degree:	
Description of Program:	
Program objectives and rationale (no more than 50 words):	
Does the program meet the criteria as laid out in the Guidelines? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, explain what criteria is missing:

Signature of Person/Instructor Requesting CEUs

Date

Approved for _____ CEUs	Date of approval: _____	Paid \$25: _____
Request not approved because of the following:		

Lifelong Learning Representative Signature		Date