



Maryland
Association
of Prevention
Professionals
and Advocates

P.O. Box 609, Linkwood, MD 21835-0609

REQUEST FOR APPROVAL TO AWARD CEU'S FOR CONFERENCES, WORKSHOPS OR COURSES

I. Training Provider Information

Applicant: _____

Agency/Organization/Business: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Would you like this training opportunity to be listed on the MAPP A website? _____ YES _____ NO

II. Event Planning Committee

Name _____ Organizational Affiliation _____

Name _____ Organizational Affiliation _____

Name _____ Organizational Affiliation _____

Name _____ Organizational Affiliation _____

(If more space is needed feel free to attach additional pages)

Is anyone on the Planning Committee a MAPP A member? _____ Yes _____ No

If so, please include their MAPP A identification number beside their name.

III. Program Information

Type of Event: _____ Online Course _____ Classroom Style Instruction

Title of Conference/ Workshop/Course _____

Training Contact _____ Phone _____ Email _____

Date(s) of Event _____ Number of CEU's Requested (1 CEU = 60 minutes) _____

Course Website (URL) (if Online Course) _____

Training Location (if Classroom Style) _____



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IV. Presenter/Trainer Information

(If more space is needed due to multiple trainers, feel free to attach additional pages)

Session Title (if applicable)_____

Presenter Name_____

Presenter Professional Discipline_____

Presenter Credentials_____ MAPPA # (if applicable)_____

Organizational Affiliation_____

Please Attach the Following:

- **Thumbnail Biography for each Presenter/Trainer**
- **Presentation/Learning Objectives (consistent with MAPPA defined domain competencies)**
- **Training Brochure or Program Agenda**
- **Copy of the Certificate of Attendance/Completion to be awarded to participants**
- **Copy of Evaluation Form that will be used to assess achievement of learning objectives**

V. Payment

One Year Approval (recommended for one time offering)

Total number of hours_____ X \$5 per hour for one year approval + \$25 Review Fee = Total \$_____

Two Year Approval (recommended for online or ongoing courses)

Total number of hours_____ X \$10 per hour for two year approval + \$25 Review Fee = Total \$_____

Number of hours requested should be actual hours of instructional time; do not include meals or breaks unless learning was occurring.

Submit application, attachments and check made payable to:

**MAPPA
P.O. Box 609
Linkwood, MD 21835-0609**

*****Please allow thirty (30) days for application review and approval***