



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

**REQUEST FOR APPROVAL OF CEUS**

*Please complete all sections and attach proof of attendance.*

Applicants Name: \_\_\_\_\_ Cert. # \_\_\_\_\_

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

Phone #: Home: \_\_\_\_\_ Work: \_\_\_\_\_

**Name of Educational Event:** \_\_\_\_\_

Date of Event: \_\_\_\_\_ Sponsor: \_\_\_\_\_

Location: \_\_\_\_\_ # of CEUs Requested: \_\_\_\_\_

List the educational goals and objectives of this educational event. \_\_\_\_\_

\* Attach course outline, learning objectives, and program schedule identifying topics, break times and meal times.

In-service: Yes \_\_\_\_\_ No \_\_\_\_\_

Method of Instruction: (Check all that apply): \_\_\_ Group \_\_\_ Role Play \_\_\_ Lecture/Didactic  
\_\_\_ Film/video/cassette \_\_\_ Other, Please specify \_\_\_\_\_

**Presenter/Instructor:** Please provide any information about the background and credibility of the instructor (resume may be attached if available.)

Name: \_\_\_\_\_ Degree: \_\_\_\_\_

Professional Discipline: \_\_\_\_\_ Employer: \_\_\_\_\_

Your evaluation of this educational experience: \_\_\_\_\_

How is this educational experience applicable to the development of your skills and knowledge as a prevention professional? \_\_\_\_\_

I participated in the above described educational event and enclose documentation of my attendance (certificate of attendance preferred)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date