

APPLICATION FOR CONTINUING EDUCATION APPROVAL

SPONSOR INFORMATION

Sponsoring Organization: _____	
Address: _____	
Program Coordinator/Contact Person: _____	
Phone: _____	E-Mail Address: _____

PROGRAM INFORMATION

Title of Program: Hours Requested (per program & total):	Location: Date(s): Time(s):
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METHOD OF MONITORING ATTENDANCE

<input type="checkbox"/> Certificate of Attendance
<input type="checkbox"/> Session Participation Form

ITEMS ATTACHED

<input type="checkbox"/> Program Description/Outline
<input type="checkbox"/> Speaker Info/Board Certified Credentials
<input type="checkbox"/> Program Brochure

For Official Use Only

Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Hours Approved: _____
Approval Date: _____	
Comments:	