

MD WCC MCRSP CEU APPROVAL REQUEST FORM

Organizations, providers seeking pre-approval, or approval of continuing education opportunities must complete this application for each program/activity. Applications must be submitted **20 days** preceding the date of the program/activity or 10 days after the program or activity. Academic courses will not be approved until the completion of the course.

Organization Information

Organization Offering Program/Activity

Address

Telephone Number

City/State or Province/Zip or Postal Code

Facsimile Number

Program Contact Person

Program/Activity Information

Program/Activity Title

Location

Actual Number of Clock Hours of Training (excluding breaks)

Date(s) of Training

Length of Training in Days (Circle One): 1 2 3 4 5 6 7 8 (see #4 below for college or university courses)

Number of Participants Expected (Circle One): 1-25 26-50 51-100 101-150 150+

Type of Instruction: 1-Multi-day Conference 3-Home Study/Internet

2-Seminar/Workshop/Half-day Conference

4-College/University Course Semester hours _____

(✓ Semester) Fall__Spring__Winter__Summer__

Documentation to be attached

- One copy of promotional material such as direct mail flyer or marketing brochure.
- An outline or agenda, if not contained within the promotional material, to include a breakdown of **clock or contact hours**.
- A copy of the evaluation form to be given to participants.
- Academic Courses: A copy of the description of the course out of the College catalog. A copy of the participant's final grade upon completion of the course.

