



**APPLICATION FOR CONTINUING EDUCATION PROGRAM APPROVAL**

*Enclose a \$25 fee for each CE program approval request.*

Program Title:
Program Dates:
Program Location:
Program Sponsor:
Program Instructor:
Instructor's Background/Expertise:

*Instructor's educational credentials MUST be included with this application*

*Please provide a description on how this course will address the occupational performance of clients.*

Program Objectives:
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*Attach a Program Agenda to the application.* Agenda should show a breakdown of **time spent in actual training**. Breaks and lunch are not included in hours approved.

Contact hours (excluding breaks): \_\_\_\_\_ hours, divided by 10 = \_\_\_\_\_ CEUs.

*Return CE approval notification to:*

Attention:	
Facility name:	
Mailing address:	
City/State/Zip:	
Phone:	Fax Number:
Email:	Website:

For Official Use Only

Approved:	Declined:
Board Representative Signature:	Date:

Amount:	Check#:	Receipt#:	Date:
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*Courses are approved for one (1) year from the approval date*