

**William Carey University**

**Application for Continuing Education Unit Credit (CEU)**

The following items are due 3 weeks before training is to begin.

PLEASE SEND IN WORD FORMAT

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: Phone: Email:

Name of Training:

Name of Trainer(s) (attach short bio):

Training Site – Choose one: Virtual or On-Site

Address for On-Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date(s) of Training:

Identify the group(s) to be Trained**:**

Educational Objectives: (Use MDE Professional Growth Objectives)

Summary of Training:

Evaluation Instrument – Please Attach

Each participant must complete evaluation at the conclusion of the training(s).

Timed Agenda: Please Attach.

Breaks and Lunch do not count toward seat hours. A minimum of 5 hours is needed for CEUs.

Participants must sign in and out of sessions as proof attendance. Attendance sheets should be copied and mailed to WCU at the conclusion of the training(s) with payment and evaluation sheets. Exception: Master In-Service School Districts where documentation should be kept at the building level incase of audit.

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To be completed by WCU

# CEU’S \_\_\_ # Contact Hours \_\_\_\_