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## EDUCATIONAL OUTREACH

# PARTICIPANT APPLICATION FOR CEUs

In order to receive Continuing Education Unit for a program, this form must be completed by each participant and submitted to the non-credit program instructor who will submit the form to the Office of Educational Outreach with payment receipt.

Note: There is a two-week wait from the date of request

<h3>PERSONAL INFORMATION</h3> <p>(PLEASE ANSWER ALL QUESTIONS)</p>
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Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

<h3>PROGRAM INFORMATION</h3>
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Program Title \_\_\_\_\_

Sponsoring Organization \_\_\_\_\_

Location \_\_\_\_\_

Date(s) \_\_\_\_\_

\_\_\_\_\_  
Instructor's Signature

\_\_\_\_\_  
Date

The instructor's signature verifies that the participant met the requirements to receive CEUs for the workshop indicated above.