



UNIVERSITY OF  
**SOUTHERN MAINE**  
Professional Development  
Center

# CONTINUING EDUCATION UNITS

## Application for Approval

Year \_\_\_\_\_  Fall  Spring  Summer

### SPONSORING AGENCY

Sponsoring Agency \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone \_\_\_\_\_

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

Email Address \_\_\_\_\_

### COURSE INFORMATION

Course Title \_\_\_\_\_

Course Instructor(s) \_\_\_\_\_

Date Course Begins \_\_\_\_\_ Date Course Ends \_\_\_\_\_ Times \_\_\_\_\_

Total Contact Hours \_\_\_\_\_. Number of continuing education units requested (CEUs) \_\_\_\_\_  
(NOTE: One CEU is ten contact hours. Round off to the nearest tenth)

Course Location \_\_\_\_\_

Anticipated number of participants for CEU credit \_\_\_\_\_

### ADDITIONAL INFORMATION

Has this course been previously approved?  Yes  No (if no, complete the following on separate sheet(s))

- |  |   |
|--|---|
| a. Explanation of Needs Assessment     | d. Program and Participant Evaluation                     |
| b. Goals and Objectives of the program | e. Follow-up Activities with Participants                 |
| c. Program Activities                  | f. Instructor qualifications (summarize or attach resume) |

Return to: Professional Development Center  
College of Education and Human Development, University of Southern Maine  
37 College Avenue, 8 Bailey Hall, Gorham, Maine 04038  
PHONE (207) 780-5326 - FAX (207) 780-5358 -EMAIL pdc@usm.maine.edu

### FOR OFFICE USE ONLY

#### APPROVAL

Course Number Assigned: EDIS \_\_\_\_\_ Approved for \_\_\_\_\_ Continuing Education Units

Signature \_\_\_\_\_ Date \_\_\_\_\_

#### PROCESSING

Date mailed to CCE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Number of Registrations \_\_\_\_\_