



Continuing Education Unit Application for Approval

Year _____ [] Fall [] Spring [] Summer

Course Title _____

Sponsoring Agency _____ Address _____

Contact Person (if difference from instructor) _____

Address _____ Telephone _____

Instructor _____ (W) Phone _____ (H) Phone _____

Instructor's Address _____

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

Date Course Begins: _____ Date Course Ends: _____ Times: _____

Course Location _____

2. Complete the following on separate sheet(s):
- a. Explanation of Needs Assessment
 - b. Goals and Objectives of the program
 - c. Program Activities
 - d. Program and Participant Evaluation
 - e. Follow-up Activities with Participants

3. Instructor Qualifications: (summarize here or attach resume`)

4. Anticipated number of participants for CEU credit _____

FOR OFFICE USE ONLY:

Course # Assigned: EDIS _____ Date Mailed to PSO _____

Approved for _____ Continuing Education Units Number of Registrations _____

Date _____ Date Returned to PDC _____

Signature _____

Please use typewriter or ball-point pen to complete form. Send to: Professional Development Center, University of Southern Maine, 119 Bailey Hall, Gorham, ME 04038.