Application for Awarding Continuing Education Units (CEU’s)

Marketing CEUs: If you plan to market CEUs for your event, the application must be submitted and approved prior to developing marketing materials.

Not Marketing CEUs: Application must be submitted for review 30 days prior to the start of the event.

Program Information:

Program Title: _____________________________________________________________________

Sponsoring College: ___________________________________________________________________

Site: _______________________________________ Program Dates: __________________________

Faculty Member: _____________________________ Date Submitted: __________________________

Requested Number of CEU’s: ___________ Number of Contact Hours: __________

Estimated Number of Participants: ____________

Target Audience: _____________________________________________________________________

Brief Description of Program Activities (attach additional page if needed):


Program Contact Person:

Name: _____________________________________________________________________________

Mailing Address: _____________________________________________________________________

City: __________________ State: _________ Zip Code: _________

Work Phone: ___________ Fax: ___________ Email: _______________________

Who will be paying for the CEUs? _____ Originating Organization _____ Student
Was a needs assessment conducted?  ____ Yes  ____ No

What was used to help identify the needs of the targeted audience?

  ____ Interviews of individual/group  ____ Random written survey

  ____ Work site observation  ____ Review of surveys from prior offerings

What general learning outcomes will the program achieve?

  ____ Changes in the participant’s awareness of the topic

  ____ Changes in the participants’ knowledge of the topic

  ____ Changes in the participant’s specific skills related to the topic

Describe the learning objectives as they appear on the program agenda or brochure:

Please attach the following when submitting the CEU Approval Applications:

  • Copy of the brochure
  • Copy of the evaluation
  • Copy of the Agenda

Program Signatures

Program Coordinator: ___________________________  Date: ____________

UF Faculty Reviewer: ___________________________  Date: ____________

Division of Continuing Education Approval

Approved: ___________________________  Date: ____________