

**Application for
Awarding Continuing
Education Units (CEU's)**

Office Use Only	
Program#	_____
Account#	_____
CEU Approval#	_____

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: _____

CEU Application Information:

Which certifying authority, e.g. CE Broker, has approved this program?

What is the approval number? _____

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 or brochure:

Please attach the following when submitting the CEU Approval Applications:

- Copy of the brochure
- Copy of the evaluation

Program Signatures

Program Coordinator: _____

Date: _____

UF Faculty Reviewer: _____

Date: _____

Division of Continuing Education Approval

Approved: _____

Date: _____