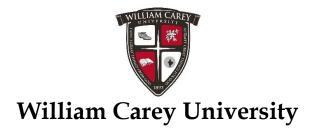
Αp	proved			



Application for Continuing Education Unit Credit (CEU)

The following items are due 3 weeks before training is to begin.

PLEASE SEND IN WORD FORMAT

Organization:							
Mailing Address:							
Contact Person:	Phone:	Email:					
Name of Training:							
Name of Trainer(s) (atta	ach short bio):						
Training Site – Choose Address for On-Site:	one: Virtual or On-Site						
Date(s) of Training:							
Identify the group(s) to	be Trained:						
Educational Objectives:	(Use MDE Professional	Growth Objectives)					
Summary of Training:							
Evaluation Instrument – Each participant must c		e conclusion of the training(s).					
Timed Agenda: Please Attach. Breaks and Lunch do not count toward seat hours. A minimum of 5 hours is needed for CEUs.							
Participants must sign in and out of sessions as proof attendance. Attendance sheets should be copied and mailed to WCU at the conclusion of the training(s) with payment and evaluation sheets. Exception: Master In-Service School Districts where documentation should be kept at the building level incase of audit.							
To be completed by W0	 <u>CU</u>						
# CEU'S # Conta	act Hours						