



Complete items 1 through 17, and return this form to Continuing Education. To insure that there is sufficient time to process this application, please submit it at least ten working days before the start of your program. If you have this information in some other format (i.e. a program brochure), you may submit that, adding any missing items requested on this form.

CEU APPLICATION

Continuing Education Units

1. Program Title:
2. Dates and Year:
3. Sponsoring Department:
4. Contact Person and Phone:
5. Short Description. (This will appear on any notice of completion or transcript issues. Please be very clear and avoid jargon.)
6. Participants. (For whom is this program designed?)
7. Prerequisites. (Briefly describe any courses/knowledge/experience base expected of participants. What do you expect them to know before attending this program?)
8. Needs Assessment. (How have you identified the needs of the target audience described in #6?)
9. Learning Outcomes. (Concise statements of intended learning, not teaching, outcomes; what participants will learn by attending this program.)

10. (Who will be teaching this program? If not a full-time UD faculty member, please attach vita or resume.)

11. (List in sequence the main topics to be covered.)

12. Methodology. (What teaching methods will be used? What opportunities will be afforded participants to participate and to receive feedback?)

13. Requirements for Satisfactory Completion. (What do participants have to do to earn CEU? Attendance and participation are baseline requirements. Indicate any additional requirements that you set.)

14. Assessment of Learning Outcomes. (Refer to #9. How will you measure the achievement of these outcomes?)

15. Evaluation. (Attach a copy of the evaluation form that you will use for this activity. This should ask the participant to rate such things as the program content, instruction, operation, materials, and the extent to which learning outcomes were achieved by the participants.)

16. Schedule. (CEU are based on instructional time 1 CEU = ten 60 minute contact hours. Attach a copy of the program schedule. Be sure to indicate date(s), beginning and ending times, and meal/break times.)

17. I have read the above and give my approval for this educational activity.

Signature _____ Date _____

Title _____

Received

Notes: _____ By: _____

_____ CEU Approved on _____

Executive Director

Special Programs and Continuing Education