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| <u>Office Use Only</u> | |
|------------------------|---------------|
| Total CEU's Approved: | _____ |
| Initials: _____ | Date: _____ |
| Ethics CEU's : | _____ |
| Initials: _____ | Date: _____ |
| Check # _____ | Amt. \$ _____ |
| Date Received: _____ | Auth. # _____ |

Application for Pre-approval of a Presentation for Continuing Education Hours

MUST BE SUBMITTED AT LEAST 30 BUSINESS DAYS PRIOR TO TRAINING/WORKSHOP

Name of Sponsoring Organization and/or Department: _____

Name Contact Person: _____ Title: _____

Address: _____
City
State
Zip

Telephone: _____ Fax: _____ E-mail: _____

Name of Presenter(s) and degree(s) held (Please attach a short biography for each presenter).

Title of Presentation(s): _____

Location of Presentation(s): _____

Number of actual instruction hours: **(Please attach a copy of your program and/or agenda, including all breaks).**

Date(s) of Presentation(s): _____

Please give a brief description of the program, which gives an indication of its content, objectives and forma: Attach a separate sheet if necessary.

Signature Print Name Date