

INSTRUCTIONS FOR COMPLETING A REQUEST FOR CONTINUING EDUCATION UNITS FORM

The following information is provided as a guideline for persons completing the “Request for Continuing Education Units” form. This **request form should be submitted 30 days prior to the start of the program.**

Program Sponsor: Indicate the name of the department and/or association responsible for the activity.

Program Administrator: Indicate the name, address, phone and fax numbers of the University faculty/staff member and/or association representative directly responsible for the planning and execution of the activity.

Person Certifying Participation: Indicate the name of the individual who will be responsible for certifying the participants who have satisfactorily completed the required hours of participation. This should be a person who has a direct relationship with the program, either in its administration or instruction. This individual should be present for the duration of the program.

Program Title: Indicate the exact title by which this program will be identified and promoted.

Starting Date: Indicate the month, day, and year this program will begin.

Ending Date: Indicate the month, day, and year this program will end.

Location: Indicate the exact building, city, and county where registration will be held. List instructional location also, if different.

Repetitions: If this activity will be repeated exactly on another date or in another location during the twelve months immediately following the dates and location listed above, please list the additional dates and locations here. It is not necessary to complete a separate form for exact repetitions of a program approved for CEUs. Attach additional sheet if needed.

Number of Calendar Days: Indicate the number of calendar days over which this program will occur.

Number of Instructional Hours: Indicate the number of clock hours (60 minutes equals one hour) of actual instructional activity provided in the program for a single participant. Do not include registration, breaks, free time, lunch, and similar activities. For fractions of an hour less than 30 minutes, round to the nearest lower hours; for fractions of more than 30 minutes, round to the nearest higher hour.

Required Hours of Participation: Indicate the minimum number of hours a single participant must attend to qualify for the awarding of CEUs for the program. For example, since one CEU equals 10 contact hours of instruction, a program with 23 instructional hours could request 2.0 CEUs and require 20 hours of participation, or it could request 2.3 CEUs and require 23 hours of participation. Please note that a program will be assigned only one value and a participant must fulfill the participation hours specified on this portion of the Request Form to receive a CEU certificate. **NOTE:** Conferences will receive no more than 1.0 CEUs. Variable (.05 - 1.0) may be considered for attendees who wish to attend parts of a conference. Sponsors of conferences are encouraged not to do so because of the recording and bookkeeping difficulties that can arise with the documentation of variable CEUs.

Number of CEUs Requested: Indicate the number of CEUs requested for this particular educational activity. This number cannot be less than 0.5.

Number of Participants Expected: Indicate the estimated attendance for the program.

Program Planning Representation: Program planning and development must include input from representatives of at least three groups: intended audience, content/instructional experts, and the WMU department or unit. Indicate the name, title, and affiliation of each person listed on the Request Form. For those organizations without a WMU affiliation, may request that WMU's Office of Lifelong Learning and Education serve as the WMU representative.

Program Content Description: Provide a brief (50 words or less) description of the activity.

Program Objectives and Rationale: Specify the objectives to be met, the purpose, and reasons for offering this program. This information should be as specific as possible. If additional space is needed, please attach an additional sheet.

Subject Matter Content: Describe the subject matter and substantive content of the program. Examples of specific topics to be covered might be used in this section. Attach additional sheet if needed.

Program Agenda: Attach a copy of the proposed program agenda, including the name(s) of faculty and presenters being utilized.

Brief Description of Instructional Format: Describe the primary instructional mode(s) that will be used in this program. For example, "large group lectures to be followed by small group discussion" or "hands-on application of newly developed software in a microcomputer laboratory". Be as precise as possible.

Other Relevant Information: Indicate additional information about the program that you consider important.

**Approval Request
for Continuing Education Units**

To be completed by program instructor or program representative. Please type form or word process as a separate document.

Program Sponsor:

Program Administrator:

Administrator Address:

Administrator Phone:

Administrator Fax:

Person Certifying Participation:

Program/Course Title:

Program Start Date:

Program End Date:

Location(s):

Repetitions:

Number of Calendar Days:

Number of Instructional Hours:

Required Hours of Participation:

Number of CEUs Requested:

Number of Participants Expected:

Program Planning Representation:

1)

2)

3)

Program content description:

Program Learning Objectives and Rationale:

Subject Matter and Content:

Instructional Format and Strategies:

Program Instructor(s):

_____ resume(s) attached
_____ qualifications listed

Methods used for participants to demonstrate attainment of learning outcomes:

____ questions and answers ____ examinations ____ discussion
____ exercise ____ summaries, case studies ____ reports
____ demonstrations, simulations ____ projects ____ experiential exercises
____ other _____

Other Relevant Information:

Approved for _____ CEUs
 Disapproved

_____ Date

_____ School/College/Department Representative

Comments:

Approved for _____ CEUs
 Disapproved

_____ Date

_____ Associate Dean, Extended University Programs

Comments: