

CEU Approval Request Form

See Instructions following forms. Asterisk denotes mandatory field.

A separate CEU Approval Request Form must be submitted for each CEU Program.

Date of Approval Request:

Requesting Party Information:

Name:

Organization:

Title:

Address:

Phone:

Email:

CEU Provider Information:

Provider Organization:

Contact Name:

Title:

Address:

Phone:

Email:

Website:

CEU Program:

CEU Program Name:

General CEU Credit Requested:

Ethics CEU Credit Requested:

Cost of Program:

Program Type (Please select type and complete the appropriate section below):

Live Presentation Self Study College Course Lecturing Authorship Licenses and Designations



CEU Program Descriptions

Live Presentation:

Program Instructor(s):

Program Location or Delivery Method:

Program Date:

Program Length (in minutes):

Enclosed with this application is (check all that apply):

A copy of all program materials

A copy of schedule / agenda

A sample copy of the certificate of attendance / completion

Self Study:

Program Delivery Method:

Program Length:

Enclosed with this application is (check all that apply):

A copy of all program materials

A copy of the program evaluation tool

A sample copy of the certificate of completion

College Course:

Instructor(s):

Program Location or Delivery Method:

Program Date:

Enclosed with this application is (check all that apply):

A copy of the course description

A copy of the syllabus



CEU Program Descriptions (Cont.)

Lecturing or Authorship:

Location or Publication:

Program Date:

Program Length:

Enclosed with this application is (check all that apply):

A copy of all program materials or published article / book

A copy of schedule / agenda

Licenses & Designations:

License or Designation:

Enclosed with this application is (check all that apply):

A copy of program outline

A copy of the License or Designation certificate

CEU Approval Request Fee Payment Form

CEU Approval Request Fee: \$25.00

Payment Information – Please charge my:

Visa Mastercard Discover Check (by mail)

Billing Address:

Street Address:

City:

State:

ZIP:

Name as it appears on card:

Exp. Date:

Card Number (16 digits):

CVV:

By signing below, I authorize Fincert.org to collect fees in the amount of **\$25.00** from me using the method identified above.

Requesting Party Signature

Date