



## Pre-Approval CEU Request Form

Please provide the following information.

### Instructor/Provider Information

- Title of Class/Program/Seminar:
- Name of Provider:
- Name of Instructor:
- Qualification of Instructor (attach if needed):
- Website and/or Email Address:

### CE Information

- Location of Activity:
- Date of Activity:
- Start Time / End Time:
- Total Hours of Instruction (does not include breaks or meals):
- Activity Outline (attach if needed): (big text field)

**Please check the appropriate box below.**

**For Online Activities**, I certify that an approved tracking method will be used to verify completion of the activity.

**For In-Person Activities**, I certify that participant attendance and participation will be monitored to verify completion of the activity.

Please allow for at least 90 days lead time, but often the process is much faster.

I certify there will be an evaluation to determine participant satisfaction and that the information above and all attachments to be true and correct to the best of my knowledge.

Instructor/Provider Signature: