**Application for Continuing Education Units**

Return this completed application with additional information and vitas to:

WCU Division of Educational Outreach

69 East University Way – Camp Building, Cullowhee, NC 28723

|  |
| --- |
| 1. Program or Workshop title: |
| 2. Sponsoring WCU Department or WCU Affiliated External Organization: |
| 3. Name of Primary Contact |
| Your title or role in this event: |
| Complete mailing address: |
| Phone number: Email: |
| 4. Program Objectives: |
| 5. Brief description of the program (Attach a timed agenda with details) |
| 6. Format: [ ] Live presentation [ ] Online [ ] Video [ ] Other (explain) |
| 7. General description of intended audience: |
| 8. Estimated attendance: |
| 9. Number of CEU registration cards requested: |
| 10. Date and times: |
| 11. Location: |
| 12. Cooperating Non-Institutional Organizations: (List all) |
| 13. Total clock hours of instruction:  *10 clock hours = 1 CEU* |
| 14. Source of Funds: |
| 15. Fee Schedule (Individual registration amount)  *Indicate whether $20 CEU fee is separate or if it is included in the registration fee* |
| 16. Please list all instructors: *(VITA or educational information is required and should be attached)* |
| 17. What is your procedure for evaluating the program? *Ex. Post workshop evaluation forms, etc.* |