**Andrews University**

**Continuing Education Units**

Program Approval Application

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| **SPONSORING ORGANIZATION INFORMATION** | | | |
|  |  |  |  |
| Sponsoring Organization: |  | Sponsor Contact Person: |  |
|  |  |  |  |
| Sponsor Contact Email: |  | Sponsor Contact Phone: |  |
|  |  |  |  |
| **PROGRAM INFORMATION** | | | |
|  |  |  |  |
| Program Title: |  | Target Audience: |  |
|  |  |  |  |
| Program Description: |  | Number of Presenters: |  |
|  |  |  |  |
| Name of Conference *(if applicable):* |  | Name and Address of Institution: |  |
|  |  |  |  |
| Program Date(s): |  | Location: |  |
|  |  |  |  |
| College Credit Available? | Yes / No | Program Sponsor Signature: |  |
|  | |  |  |
| **PROGRAM CEU INFORMATION** | | | |
|  | |  |  |
| Instruction Total Hours (*do not include breaks, introductions or welcome*): | |  |  |
| Narrative Description of the Program:  *3-5 sentence overview*  Overall Goal or Objective of the Program: |  | | |
| *3-5 sentence paragraph of what learners will be able to do upon completion of the program* |
|  | |  |  |
| **PRESENTER INFORMATION** *(please complete for all presenters involved)* | | | |
|  |  |  |  |
| Name |  | Address |  |
|  |  |  |  |
| Telephone |  | Highest Degree & Year |  |
|  |  |  |  |
| Highest Degree Institution |  | Employer |  |
|  |  |  |  |
| Expertise/Skills |  | Employer Address |  |
|  |  |  |  |
| Biography  *(This may be included in the brochure, and if so, does not need to be repeated here.)* |  | | |
| ***Please attach a detailed resume or curriculum vita for each presenter.***   |  |  |  | | --- | --- | --- | | **PROGRAM AGENDA**  *The agenda should show precise hour-by-hour activities so that instructional hours may be verified. Training sessions longer than two and a half hours must include a 15-minute break. Welcome, breaks, and mealtimes are not included in the contact hours. Describe other aspects of the training such as methodologies, instructional aids, learning materials, etc. to identify the specific training proposed.* ***Please attach a detailed copy of the agenda as well as the advertising materials.*** If the agenda with this detail is already included in the brochure, it does not need to be repeated here.*For example:* | | | | 8:00-9:00 | Registration | No instruction | | 9:00-9:45 | Write the topic here | Describe methodologies, instructional aids, learning materials, etc. | | 9:45-10:00 | Break | No instruction | |  |  |  | | **EVALUATION** | | | |  | | | | Participant Evaluation: *Sponsors may use their own evaluation forms. Keep tally or summary evaluation information for submission to Andrews University.* ***Please attach a copy of your evaluation form.*** | | | |  | | | | | | |
| **FOLLOW UP PROCESS** | | | |
| Plan to submit sign in sheets (scanned is fine) for each session. Participants should sign in and out for each session to ensure they participate for the full hours of the workshop.  CEU Certificates are $50 per certificate. Please collect this from your participants. We will bill your organization as the time of processing.  Certificates may be mailed to your organization in a set or emailed to the participants. Please indicate your preference when submitting the names and documentation of the participants’ attendance. | | | |
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