

Continuing Education Program Outline Application



Program Sponsor/Provider: _____

Program Title: _____ Date of Program _____

Please read the following before completing this application

- a. All blanks must be completed.
- b. Submit: Proof of Completion, Proof of Attendance, and Program Outline and Content Information along with the name of the program and the name of the sponsor/provider.
- d. Make a copy for your records.

1. Target Audience (Total number expected in each group):

Cer. A.T.T. _____ Cer. A.T. _____ Students _____ Others _____

2. Program Coordinator Name: _____

3. Program Coordinator Contact Information:

Phone: _____ Email: _____

Topics and Speakers:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Instructional Methods:

- | | |
|--|---|
| 1. Slide show / audio visual / Powerpoint, etc. <input type="checkbox"/> | 4. Instructor-led discussion <input type="checkbox"/> |
| 2. Interactive workshop <input type="checkbox"/> | 5. Printed handouts <input type="checkbox"/> |
| 3. Didactic teaching <input type="checkbox"/> | |

Program and Faculty: (Include speaker names and credentials)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

(If more than 10 CEs are earned, please fill out an additional application.)