## OFFICE of WORKFORCE DEVELOPMENT and TRAINING

## Continuing Education Unit (CEU) REQUEST FORM A

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| Organization/Agency: | | | |
| Name: |  | | |
| Address: |  | | |
| Phone: |  | | |
| Contact Person: | | E-mail: | |
| Training Event Information: | | | |
| Title: |  | | |
| Overview: |  | | |
| Learning Objectives: | | | |
| Date(s): |  | | |
| Address: |  | | |
| Estimated Number of Attendees: | | | |
| Total #CEUs Requested: | | | |
| (1 CEU awarded for every 1 hour of face-to-face instruction) | | | |
| Signature: |  | | Date: |
|  | | | |
| **Complete, sign/date, and submit all 3 pages of this form along with all presenter’s resumes/CVs and any other requested documents to the Office of Workforce Development and Training (OWDT), 4 weeks prior to scheduled training event, to confirm CEU award approval.**  **OWDT staff will contact requester to confirm actual number of CEUs approved. Please do not advertise CEUs to be awarded until receipt of confirmation. OWDT must be listed as a co-sponsor of your training event.**  **Submit completed form and all other requested documentation as outlined below to**:  Office of Workforce Development and Training  Behavioral Health Administration, Voc. Rehab. Building  55 Wade Avenue  Catonsville, MD 21228  **At the conclusion of the event, within one week, submit**   * **a copy of the record of attendance (i.e. sign-in sheet, roster), and** * **a copy of all completed training event evaluations.**  Documentation and forms submitted shall be maintained on file by the OWDT for a minimum of six years. Forms, resumes/CVs, records of attendance and evaluations may also be faxed to 410-402-8604. For additional information, contact the OWDT at 410-402-8575.  BHA-OWDT CEU Request Form A (Rev 2/2016) | | | |
| AGENDA: The agenda determines the number of CEUs granted. The agenda must include: title, presenter, and description for each session, and beginning and end times. Include additional pages of agenda content as needed. | | | |
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| 1. **Title:** | | | |
| 1. Presenter: | | | |
| 1. Description: | | | |
| 1. Time frame (i.e.) 10 AM - 11:30 AM: | | | |
| |  | | --- | | 1. **Title:** | | 1. Presenter: | | 1. Description: | | 1. Time frame (i.e.) 10 AM - 11:30 AM: | | | | |
| |  | | --- | | 1. **Title:** | | 1. Presenter: | | 1. Description: | | 1. Time frame (i.e.) 10 AM - 11:30 AM: | | BHA-OWDT CEU Request Form A (Rev 2/2016) | | | | |
| AGENDA Continued: The agenda determines the number of CEUs granted. The agenda must include: title, presenter, and description for each session, and beginning and end times. Include additional pages of agenda content as needed. | | | |
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| |  | | --- | | 1. **Title:** | | 1. Presenter: | | 1. Description: | | 1. Time frame (i.e.) 10 AM - 11:30 AM: | | BHA-OWDT CEU Request Form A (Rev 2/2016) | | | | |