## 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:       |
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| **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 TrainingBehavioral Health Administration, Voc. Rehab. Building55 Wade AvenueCatonsville, 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:
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| 1. **Title:**
 |
| 1. Presenter:
 |
| 1. Description:
 |
| 1. Time frame (i.e.) 10 AM - 11:30 AM:
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| 1. **Title:**
 |
| 1. Presenter:
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| 1. Description:
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| 1. Time frame (i.e.) 10 AM - 11:30 AM:
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| 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:**
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| 1. Presenter:
 |
| 1. Description:
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| 1. Time frame (i.e.) 10 AM - 11:30 AM:
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| 1. **Title:**
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| 1. Presenter:
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| 1. Description:
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| 1. Time frame (i.e.) 10 AM - 11:30 AM:
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| 1. **Title:**
 |
| 1. Presenter:
 |
| 1. Description:
 |
| 1. Time frame (i.e.) 10 AM - 11:30 AM:
 |
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