

# Individual CEU Application

The University of Alabama in Huntsville

(Please print clearly or type) **Submitted By:** \_\_\_\_\_ **Date Submitted:** \_\_\_\_\_

*Individual CEU Application* must be completed for each Category 1 program to request the awarding of *Individual CEUs*, in addition to the *Program/Activity Record* form. These forms must be submitted for approval and processing by the College of Professional and Continuing Studies (CPCS) at least thirty (30) business days prior to the start date of the program and prior to any public statement of the awarding of CEUs. All required documentation must be provided in an approved format. (See Employee Services section of MyUAH for details).

A CPCS Coordinator will contact the unit upon receipt of the application and establish a meeting to discuss the program criteria and process. Fees for establishing the *Individual CEU* program files and registration will apply, unless a waiver has been obtained through the Dean of the College of Professional and Continuing Studies and/or the Provost. Fees vary based on the enrollment size, method of registration, and other required services.

- REQUIRED ATTACHMENTS:**
- \_\_\_\_\_ **1. Instructor(s) resume or CV**
  - \_\_\_\_\_ **2. Program agenda/schedule (including days/times)**
  - \_\_\_\_\_ **3. Draft of evaluation form**
  - \_\_\_\_\_ **4. Other pertinent program materials**
  - \_\_\_\_\_ **5. List or draft copy of promotional materials (program brochure, flyer, ads)**

**Instructional Personnel:** UAH Faculty \_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_  
*Name Title Organization*

\_\_\_\_\_  
*Name Title Organization*

**How was need for the program determined?** \_\_\_\_\_

**List educational learning objectives** (Attach additional page, if needed): \_\_\_\_\_

**Learning Outcomes - The program strives to change the participants:**

\_\_\_\_\_ Awareness of the topic    \_\_\_\_\_ Knowledge of the topic    \_\_\_\_\_ Specific skills related to the topic

**Requirements for Assessment of Completion:** \_\_\_\_\_

**Method of Evaluating Program Content by Participants:** \_\_\_\_\_

**Is this program open enrollment?** \_\_\_\_\_ Yes    \_\_\_\_\_ No    **# of Participants Expected:** Min. \_\_\_\_\_ Max. \_\_\_\_\_

**Who will be paying for the CEUs?**    Originating Sponsor \_\_\_\_\_    Individual Participants \_\_\_\_\_

**Documentation of CEUs for each participant (letters/certificates)?** (Additional fee applies)    \_\_\_\_\_ Yes    \_\_\_\_\_ No

\_\_\_\_\_  
*Faculty/Staff Coordinator (Required) Date Dean/Director/Vice-President (Required) Date*

**CPCS Internal Approval:**

\_\_\_\_\_  
*CPCS CEU Coordinator (Required) Date CPCS Dean (Required) Date*

**Submit to:** CPCS - Wilson Hall, Room 103    256.824.2808    Outreach.Reporting@uah.edu