

Continuing Education Unit Request Form

Organization Name:

Event Start Date

Contact Person:

Contact Email:

Event End Date

Event Name:

(This will appear on CEU Certificate)

Event Location:

Start Time:

End Time:

Anticipated # of Participants:

Do you need any of the following from SKC? If Yes, please describe: SKC Conference and Classrooms need to be reserved at (406) 275-4800.

SKC Conference Rooms or Classrooms:

Yes No

Equipment: Yes No

Do you have a sign in sheet you prefer to use?

Yes No

Equipment Needed:

Do you have an evaluation form you prefer to use?

Yes No

SKC will provide a sign-in sheet and evaluation form unless otherwise specified.

Name of presenter(s) and description of their credentials or certification

Copies of credentials or certifications must be attached.

Title of sections and number of hours assigned to each section

SKC will determine the number of CEUs granted

Section Titles

Hours

What are the expected learning objectives and outcomes.

Examples: communication, particular skills, knowledge

How will you measure whether the participants met the expected objectives and outcomes?

Examples: demonstrations, testing

Additional Information:

Do you have an agenda for the course you will be teaching? Yes No

How do you want to supply us/SKC with your agenda? Upload File Fill in on Form

Fill out your agenda below.

If this field is left blank, the applicant has provided a file upload of their agenda.

Signatures

CEU Coordinator

VP of Academic Affairs