

# DHHS Continuing Education Unit (CEU) Application

## REQUIRED INFORMATION

Program Title \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Target Audience \_\_\_\_\_ Estimated Number \_\_\_\_\_

Facilitator(s) \_\_\_\_\_

Location of Session(s) \_\_\_\_\_

\_\_\_\_\_ Number of contact hours (time with the facilitator---must exceed hours of independent work)

+ \_\_\_\_\_ Number of hours of independent work (homework or preparatory work)

\_\_\_\_\_ TOTAL HOURS divide by 10 = \_\_\_\_\_ CEUs to be awarded upon completion

## REQUIRED DOCUMENTATION

- A description of the proposed development program and how it meets the both the goals of DHHS Excels and the specific division/facility/program
- The vita and/or credentials of the facilitator(s)
- The agenda and measureable objectives for the development program including a list of any resources, texts, etc.
- A copy of the evaluation to be used at the end of the development program

## REQUIRED SIGNATURES

\_\_\_\_\_  
Staff Development Contact/Local Sponsor of Development Program

\_\_\_\_\_  
Date

\_\_\_\_\_  
Facility/Division Director

\_\_\_\_\_  
Date

***Send this form and all required documentation AT LEAST ONE WEEK PRIOR TO THE START DATE to the following***

- For DHHS personnel without educational licenses: Employee Management Development, Adams Bldg., 2001 Mail Service Center, Raleigh, NC 27699-2001
- For DHHS licensed educators: DSOHF Manager of Educational Services, Clark Bldg., 3006 Mail Service Center, Raleigh, NC 27699-3006