Check list for CEU Application

Have you included the following:

- CEU application filled out completely
- $75.00 administrative fee (made payable to ETSU)
- Or, call 423-439-8266 with a credit card
- DRAFT of brochure/flyer
- Evaluation form
- Instructor(s) vitae
CEU REQUIREMENTS

CEUs (Continuing Education Units) are offered to individuals who attend 75% of a course, workshop, or seminar that has been approved by the Office of Professional Development at East Tennessee State University.

In order for Professional Development to approve a course for CEU credit, the following criteria must be met:

1. An administrative fee of $75.00 will be charged. This fee is non-refundable, whether course is approved or not, and is due when the application is submitted. Administrative fee must accompany application.

2. Each time you plan to offer a course (previously approved or new), you must contact our office 30 days prior to the beginning of the course. Each time a request for CEUs is made, there will be a $75.00 administrative fee. This applies to all course, previously approved or new.

3. East Tennessee State University must be listed as a co-sponsor on any printed literature. Exact wording will be provided in letter of approval. Please insert this into the brochure.

4. The course must be of strong educational content geared for professionals in a particular field or discipline. It must be at least four (4) hours of instruction in length. A ten hour course is equivalent to 1.0 CEUs. CEUs will not be awarded for courses of fewer than four hours of instruction.

5. Course description, objectives, outline, daily schedule, and instructor vitae all must be submitted a month prior to the beginning date of the course.

6. An evaluation appropriate for the courses must be administered.

7. An accurate attendance record for the duration of the course must be maintained and submitted immediately following the course.

8. We must have an applicant’s name and phone number they can be contacted if there are any questions regarding the application.

Once a course has been approved for CEUs, registration forms will be provided to the sponsoring organization. Participants are to complete these forms and remit a $25.00 check payable to ETSU. The sponsoring organization should send all completed forms, fees, and attendance roster to the address shown on the registration form within 30 days from date of program for certificates to be awarded. CEUs will not be awarded to registrations received after the 30 day period.

All participants who have met the 75% attendance requirement and submitted their registration form (and the $25 fee) will be awarded a certificate. These will be mailed directly to the participant. CEU records are permanently stored at ETSU. For more information contact ETSU Office of Professional Development at (423) 439-8266.
Instructions for Completing CEU Application
The following instruments and examples are provided as an aid to completion of the East Tennessee State University CEU application form. For more information call the Office of Professional Development at (423) 439-8266.

1. **TITLE OF PROGRAM**
Enter the complete title of the course or program. Once approved, the program name, date and faculty cannot be changed without written notification to the Office of Professional Development.

2. **DATE and TIME OF ACTIVITY**
Enter the date(s) of program or course. If it extends over more than one day, enter the beginning and ending dates. If applying for the approval of a repeating program, enter frequency and dates.

3. **LOCATION**
Provide the meeting place, city and state where each course will be held.

4. **CEU HOURS**
Hour count is based on actual contact hours in each session. Coffee breaks, lunch or dinner times and exhibit visitation are NOT counted.

5. **COURSE INSTRUCTOR(S)**
Course instructor(s) must be actively affiliated with sponsoring organization.

6. **BROCHURE**
Attach copy of draft of publication. Actual printing must include statement of CEU approval. Provided in approval letter.

7. **FUNDING RESOURCES**
Indicate any registration fees.

8. **TARGET AUDIENCE**
Indicate if the primary audience will be staff or will it be open to the public.

9. **NEEDS ASSESSMENT**
Indicate how the need for this program was established (i.e., survey of target audience, faculty perception, etc.) And why the course is needed.

10. **PROGRAM OBJECTIVES**
Please specify the instructional objectives to be met by this program.

11. **RATIONALE**
State the purposes, background, and reasons for offering this program. Use additional paper if necessary.

12. **EDUCATIONAL METHODOLOGY**
List methods of instruction, such as lecture, demonstration/performance, case presentation, self study, workshops, panel discussions, questions/answers, pre and post testing.

13. **MATERIALS**
Identify the materials to be provided to the participants.

14. **EVALUATIONS**
Identify areas of evaluation which are applicable. Attach copy of evaluation form.

15. **ATTACHMENTS**
Attach one copy of the proposed program, names and titles of all speakers, and any copies of initial correspondence or other material deemed necessary for the success of the program. Also include the proposed budget of income (identify resources) and expenses.

16. **APPROVAL/DISAPPROVAL**
For Office Use Only.
APPLICATION FOR CEU CREDIT
Complete all areas and return this form and a check for $75.00 administrative fee to:
East Tennessee State University
Office of Professional Development
Box 70559
Johnson City, TN 37614

Applicant’s Name: __________________________________________
Title: ______________________________________________________
Address: ___________________________________________________
City: __________________________ State: __________ Zip: ________
Phone: __________________________ FAX: ______________________

1. Title of Program: __________________________________________

2. Date of Program: __________________________
   Times of Program: __________________________

3. Location: __________________________________________________

4. Total Credit Hours Requested: __________

5. Course Instructor (Please attach vita): _________________________
   Address____________________________________________________
   Phone Number_________________________ Social Security Number__________

6. Brochure-attach draft:

7. Funding Resources
   ☐ Grants. . . . . . . . . . . . . . . . . . . . . . . . . $____________________
   ☐ Registration Fees
   ☐ Department/Institution Funds
   ☐ Equipment/Device
   ☐ Other Commercial Support_______________________________
   ☐ Other Sources_________________________________________

8. Target Audiences
   Primary: __________________________________________
   Est. Attendance: __________________________
   Secondary: _______________________________________
   Est. Attendance: __________________________
   Desired Audience Size: ________________________
9. Needs Assessment/Program Planning. Method used to determine the need for this activity: (Attach supporting documentation).
   Check those that apply:
   ☐ Survey of potential participants. Describe how this was accomplished:
   ☐ Identified by staff
   ☐ Systematic review of selected subject materials, i.e., literature review, survey of current offerings
   ☐ Expressed by target audience
   ☐ Review of previous course evaluations
   Other

10. Program Objectives: ________________________________

11. Rationale: List the purposes, background, and reason for offering this program. ________________________________

12. Educational Methodology: Identify primary format. Program outline must be attached.
   ☐ Lecture ☐ Workshop ☐ Panel Discussion ☐ Hands-on Practicum
   ☐ Other

13. Materials to be provided: Statement of objectives, name of instructor(s), program abstract/outline and program evaluation
   ☐ Selected reading/references ☐ Syllabus
   ☐ Self-assessment ☐ Pre-test
   ☐ Post-test ☐ Other handouts

14. Evaluation: Identify points to be considered (Attach)
   ☐ Program quality ☐ Speaker knowledge
   ☐ Changes in participants knowledge ☐ Other:

15. Included appropriate attachments and complete all areas.

16. FOR OFFICE USE ONLY

   ________________________________ Date application received
   ________________________________ Planning session scheduled (if applicable)
   ________________________________ Approved
   ________________________________ Not approved due to:
   ☐ Insufficient time before activity presentation
   ☐ Topic(s) do not meet requirements
   ☐ Returned for more information
   ☐ Does not meet time requirements (Minimum of 4 hours)
   ☐ Program has already begun

   Director, Professional Development