



# PROGRAM APPLICATION

Program Year

June 1, \_\_\_\_\_ to May 31, \_\_\_\_\_

Mississippi College | Office of Continuing Education  
Continuing Education Units Program  
Box 4031, Clinton, Mississippi 39058

## Part I - Identifying Information

A. Program Provider Agency Name: \_\_\_\_\_

B. Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

C. Contact Person: \_\_\_\_\_

Position: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Part II - Program Information

A. Program Title: \_\_\_\_\_

B. Program Site: \_\_\_\_\_

C. Number of CEUs: \_\_\_\_\_ Number of Contact Hours: \_\_\_\_\_

*Note: Programs less than 5 clock hours cannot be approved.*

D. Date(s) of Program: \_\_\_\_\_

E. Identify the group(s) that will be trained and are eligible for certificate renewal through the Mississippi Department of Education: \_\_\_\_\_  
\_\_\_\_\_

F. List topic(s) or theme(s) to be addressed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

G. Program Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

H. List major intended learning outcomes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I. Identify instructional techniques or strategies that will be used to obtain the intended learning outcomes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

J. Identify the assessment techniques or strategies that will be used to determine the achievement of the intended learning outcomes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

K. List **major** program presenters' names and qualifications. *Attach continuation page, if necessary. Resumes/vitae are required.*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

L. Evaluation: Attach a sample of the evaluation instrument.

### **Part III - Agenda/Schedule of Activities**

*Please attach relevant promotional material.*

<u>Time</u>	<u>Activity</u>
_____ - _____	_____
_____ - _____	_____
_____ - _____	_____
_____ - _____	_____

### **Method of Payment**

\_\_\_\_ Participants will mail the CEU fees and the completed CEU Application to MC.

\_\_\_\_ Participants will leave CEU fees with the completed CEU Application at the Conference/Class site, and the Program Provider Agency will mail a packet including all checks and registration forms.

\_\_\_\_ Program Provider Agency will issue one check to Mississippi College which covers the specified amount for all participants and will forward the CEU Applications in bulk.

\_\_\_\_ Other: \_\_\_\_\_

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### **Application Notes**

1. Provide a complete and concise program description on this form, except where the instructions above allow otherwise.

2. You may include attachments (such as promotional brochures) to supplement your responses; however, attachments may not replace the required information on this form.

3. Presenters, dates, and times may be listed as "tentative" if needed. Any changes must remain consistent with the level of training described and approved.

4. Applicants are responsible for submitting complete applications by the stated deadline.