PROGRAM APPLICATION

2024-2025 Program Year

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: Telephone:
Email address:
Part II - Program Information
A. Program Title:
B. Program Site:
C. Number of CEU's: Number of Contact Hours: (Please note: Programs less than 5 clock hours cannot be approved.) D. Date(s) of Program:
E. Identify the group(s) which 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:

OVER Form CEU2 - 6/02 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: 2. _____ L. Evaluation: Attach sample of evaluation instrument. **Part III - Agenda/Schedule of Activities** *Please attach relevant promotional material. Activity _____-_____ - ____ **Method of Payment** Participants will mail CEU fees with completed CEU Application to Miss. College. Participants will leave CEU fees with completed CEU Application at the Conference/Class site and the Program Provider Agency will mail a packet

Notes

1. Program description should be complete and succinct on this form except as specifically permitted in the above instructions.

_____ Program Provider Agency will issue one check to Mississippi College which covers

____ Other: ____

the specified amount for all participants and will forward the CEU Applications in bulk.

including all checks and registration forms.

- 2. Attachments such as promotional brochures may be included to broaden responses but may not be substituted for the required response.
- 3. Presenters, dates, and times may be noted as "tentative" if necessary. Changes, if made, must conform to the level of training as described and approved.
- 4. Applicants are responsible for the completeness and timely submission of applications. Form CEU2 6/02