PROGRAM APPLICATION

Program Year
June 1, _____ to May 31, _____

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.

Time	Activity
_____ - _____	_____
_____ - _____	_____
_____ - _____	_____
_____ - _____	_____

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 MC which covers the specified amount for all participants and will forward the CEU Applications in bulk.
____ Other: _____

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.