

**Millersville University
School of Social Work**

Request for Awarding Continuing Education Units (CEUs)

Date request is being submitted _____

Title of Program or Course _____

Date(s) of program _____

Number of program hours (do not include breaks/lunch/registration) _____

Sponsoring Organization, if applicable (please include mailing address) _____

Name of primary contact: _____

Contact Phone _____ Contact e-mail _____

Please include the following in your application packet:

1. The full name and address of the applicant
2. The title of the program and core subjects covered
3. The dates and location of the program
4. The instructors' names, titles, affiliations and degrees (include CV/resume)
5. The schedule of the course-syllabus, lecturer and time allocated (attach agenda, syllabus, etc.)
6. The total number of clock hours
7. The method of certifying attendance (include sign-in sheet)
8. The learning objectives
9. The instruction and evaluation methods

Program/Workshop/Training Coordinator Signature _____

Department Chair Signature _____

Return the completed request form and documentation to:

Millersville University
School of Social Work/Department Chairperson
PO Box 1002
Millersville, PA 17551