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 CE hours requested (do not include breaks/lunch/registration):_____

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

_____

Name of primary contact: _____

Contact Phone: _____ Contact e-mail: _____

Would you like the CE certificates mailed back to the organizer or the individual participants? If you are requesting the certificates be mailed directly to the participants, you must send all email addresses when sending the attendance list.

☐ Organizer
☐ Participants

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 (you can provide the agenda/program if that information is listed, there)
3. The dates, time, and location of the program (again, the agenda may suffice if those details are listed on it)
4. The instructors' names, titles, affiliations, and degrees (including a CV/resume/bio). (You can provide the program if information is listed, there. If multiple presenters, you can compile information on one document)
5. The schedule of the course-syllabus, lecturer, workshop, and/or training and time allocated (attach agenda, syllabus, etc.). The agenda must include all breaks/lunches.
6. The total number of clock hours, including time allotted for breaks, lunch. (If there are multiple sessions from which individuals can choose, the minimum number of clock hours for each breakout session is 1 hour. Breaks and lunches cannot be counted in the total number of clock hours.

7. The method of certifying attendance (include sign-in sheet that includes space for verifying remained throughout the duration of the session)
8. Learning objectives for each session or overall program. If this information is included in the program, then submit the program. If not, then can include a document that compiles #4, above.
9. The instruction (e.g., lecture, small group, large group, experiential, workshop) and evaluation methods (e.g., submit copy of survey will use to evaluate overall program as well as individual sessions, if applicable)

Please return the completed request form and documentation via email to Dr. Bertha Saldaña DeJesús (bertha.dejesus@millersville.edu) and Jostalynn Parry (jostalynn.parry@millersville.edu). Once the request has been reviewed and approved, the form will be sent through DocuSign for final signatures.

Program/Workshop/Training Coordinator Signature Date

Department Chair Signature Date

The CE fee of $250 should be sent as a check made out to Millersville University and sent to:

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

All promotional must contain the following exact wording:

As a university accredited by the Council on Social Work Education, Millersville University School of Social Work is approved by the State Board of Social Workers, Marriage and Family Therapists and Professional Counselors to provide Continuing Education Units (CEUs) to qualified participants.