

**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