**Application for Continuing Education Program Approval**

All applications MUST be submitted at least ***30 days prior to course*** . CEU certificates should be given out at the end of course and only is exchange for completed course evaluation. Approval numbers will be printed on the CEU. In the event that CEUs run-out, please take the attendee’s name & email – then forward the CEU. Please assure that you have their evaluation but that it is kept anonymous if they so desire.

|  |  |
| --- | --- |
| CONTACT PERSON |  |
| CONTACT ADDRESS |  |
| CONTACT EMAIL |  |
| COTNACT PHONE |  |

|  |  |
| --- | --- |
| PROGRAM SPONSOR |  |
| PRESENTER OR FACULTY  (ATTACH CV) |  |
| PROGAM TITLE |  |
| DATE & TIME |  |
| LOCATION |  |
| TOTAL CONTACT HOURS |  |

TYPE OF PRESENTATION

|  |  |  |
| --- | --- | --- |
|  | YES/NO | # OF HOURS |
| DIDACTIC |  |  |
| LABOARATORY |  |  |
| CLINCIAL |  |  |
| WEB BASED |  |  |
| OTHER  (PLEASE EXPLAIN) |  |  |

Attach as separate page:

* **Presenter CV**
* **Course Outline or Summary**
* **Course Objectives**

Has course been credited by NJDHA in the past 2 years? \_\_ YES \_\_ NO

If yes, when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_