

Ohio University
Continuing Education Unit Application

1. **Program Title:** _____

<i>Beginning Date</i>			<i>Ending Date</i>			<i>Time</i>	
<i>Month</i>	<i>Day</i>	<i>Year</i>	<i>Month</i>	<i>Day</i>	<i>Year</i>	<i>Start</i>	<i>Finish</i>

Sponsoring unit(s) for activity: _____

Person validating participants: _____

2. **Program Description:** (Copy of daily program activities must be attached.)

3. **Specific Learning Outcomes:** Upon completion, participants will be able to:

4. **Intended Audience:** _____

Estimated Attendance: _____ Minimum: _____ Maximum: _____

5. **Method of Delivery:** (Please check all that apply and, if any "other" indicate what.)

___ Lecture/Discussion

___ On-line chat and discussion

___ Online Course

___ Webinar

___ Real time audio/video

___ PowerPoint presentation

___ DVD

___ Streaming media

Other: _____

6. Criteria for Determining Satisfactory Completion in Awarding CEUs:

7. Location(s):

8. Instructor(s):

Name : _____ Affiliation: _____

Name: _____ Affiliation: _____

Name : _____ Affiliation: _____

9. Cooperating Organization(s): (if applicable) _____

For Office Use Only:

All requirements have been met and approval is hereby recommended:

Program Coordinator _____ Date _____

Sponsor's/Dean's Representative _____ Date _____

Approval granted for _____ Continuing Education units.