



The Salvation Army
**School for
 Continuing
 Education**
 USA Southern Territory

Dedicated to Lifelong Learning

OFFICE USE ONLY

Application received: _____
 Date _____
 Reviewed and Approved _____
 Signature, Program/Operations Coordinator
 CEUs granted: _____

APPLICATION FOR CEU

◆ **Dates of Seminar/Conference** _____

◆ **Conference/Seminar Title:** _____

◆ **Objectives:** List the learning objectives for this conference/seminar.

◆ **Faculty:** Attach a list of conference/seminar instructors and relevant credentials. (You may attach speaker's curriculum vitae.)

◆ **Instructional Methods:** Identify method(s) of instruction to be utilized in conference/seminar.

____ Lecture ____ Videotape ____ Team/Group Presentation
 ____ Discussion ____ Written Exercises ____ Interactive Computer-Based Training
 ____ Hands-on Exercise ____ Assigned Reading ____ Other: _____

(Attach a schedule of conference/seminar showing instructional session, break, and lunch times.)

◆ **Conference/Seminar Completion Requirements:** Check all that apply.
(Indicate criteria for satisfactory completion of conference/seminar by participant.)

____ Attendance (____ minimum number of instruction hours required)
 ____ Assignment/Activity: (please specify _____)
 ____ Completed Program Evaluation

◆ **Learning Assessment Tool:** Check all that apply.
(Indicate method(s) to be used to determine achievement of learning objectives.)

____ Attendance ____ Other: _____

◆ **Program Planner:** _____

◆ **Daytime Contact (phone and/or e-mail address):** _____

◆ **Program Date:** _____ **Location:** _____

Upon receipt of this Application for CEU Approval, the program will be evaluated according to accrediting standards of the SCE.