



Continuing Education Unit (CEU) Credit Approval Request Form

Session title:

Session date(s) and Times:

Number of Times Anticipated Offering this year, if repeated:

Contact Hours of CEU level education requested:

Trainer/Presenter (include degree):

Sponsoring Program (if applicable):

Attendance records held by (if applicable**):

Contact person:

Address:

-
1. List learning objectives of training:
 2. Describe how the training topic is of importance to social workers and human service practitioners:
 3. Describe how the content is current and of sufficient depth to warrant graduate level credit:
 4. Identify the credentials and demonstrated competency in the field of the presenter(s)
(At least one of the instructors must be at or above masters level):
 5. Attach an agenda for the event that includes start, end and break times and topics for each session:
 6. Comments:

PLEASE NOTE: State requirements note that we have responsibility to maintain documentation not only of approval for a training in advance, but of the actual participants who receive a certificate. Within two weeks of completion of the actual training event, training organizers are responsible to follow up to this application with a training roster and sign in sheet clearly identifying each

participant in attendance. Please note that **no** additional reminders will be sent. Failure to provide this follow up documentation by the training organizers renders this approval revoked.

****A few centers/programs within the PSU School of Social Work are exempt from this step, as they maintain their own attendance records. These include the Field Education Program, the Regional Research Institute, and the Center for Improvement of Child and Family Services. These centers/programs must designate the person responsible for the records in the "Attendance records held by" field at the top of this form.**

Final Recommendation (to be completed by the Dean): Approved Denied

_____ Date: _____
Jose Coll, Dean
School of Social Work
Portland State University

Form Routing (to be completed by Dean's Office)

Approval Recorded

Date: _____ Name: _____

Approval Notice sent to contact person:

Date: _____ Name: _____

Original Request Form Archived:

Date: _____ Name: _____

Attendance Sheet Received (if applicable**):

Date: _____ Name: _____