



**CONTINUING EDUCATION UNIT
PRESENTER FORM**

Date: _____ CEU Course No: _____

CEU Course Title: _____

Presenter Name: _____

Department / Organization: _____

Beginning Date: _____ Ending Date: _____

Days: _____ Times: _____

Number of CEUs: _____

Location: _____

City: _____

Meeting Place: _____

Instructor: _____

Credentials: _____

Course Schedule: _____

Learning Outcome(s): _____

Evaluation/Assessment procedures: Workshop Quality Scale Survey

APPROVAL SIGNATURE

CEU Coordinator: _____ Date: _____