

## **Continuing Education Units Application**

Program #\_\_\_\_\_

(For Staff Use Only)

\_Date\_

## SPONSORING DEPARTMENT/AGENCY

Name of Department / Agency	
Contact Person	Phone Number
AddressCity	StateZip
Email Address	
COURSE INFORMATION	
Program Title	
Program Instructor(s)	
Date Program Begins Date Program B	EndsTime(s)
Program Location	
Total Contact Hours Number of CEUs requested (1 CEU = 10 contact hours)	
Anticipated Number of Participants	
ADDITIONAL INFORMATION	
Has this course been previously approved by the University of Maine?	
YES	NO
Please provide a brief description of the course along with its objectives	<ul> <li>If no, please provide the following info separately:</li> <li>Detailed documentation of: <ul> <li>Goals and objectives</li> <li>Assessment and evaluation methods</li> <li>Instructor qualifications</li> </ul> </li> </ul>
<ul> <li>Please complete and return with the \$50.00 application fee. Payment must be submitted with the application. UMaine Departments may submit an IDO.</li> <li>Check Enclosed (please make payable to the University of Maine) Check #</li> <li>Online Payment</li> <li>Mail to: Division of Lifelong Learning, University of Maine, 15 Estabrooke Dr., Rm 435, Orono ME 04469</li> <li>Phone: 207.581.4890 Fax: 207.581.3141 Email: um.continuinged@maine.edu Website: dll.umaine.edu/continuing-education-units/</li> </ul>	
FOR OFFICE USE ONLY	

Approval Granted for \_\_\_\_\_ Units Approved By\_\_\_\_\_