

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	 If no, please provide the following info separately: Detailed documentation of: Goals and objectives Assessment and evaluation methods Instructor qualifications
 Please complete and return with the \$50.00 application fee. Payment must be submitted with the application. UMaine Departments may submit an IDO. Check Enclosed (please make payable to the University of Maine) Check # Online Payment Mail to: Division of Lifelong Learning, University of Maine, 15 Estabrooke Dr., Rm 435, Orono ME 04469 Phone: 207.581.4890 Fax: 207.581.3141 Email: um.continuinged@maine.edu Website: dll.umaine.edu/continuing-education-units/ 	
FOR OFFICE USE ONLY	

Approval Granted for _____ Units Approved By_____