

Continuing Education
Activity Plan
Sponsor Form



hosting your event

Activity Number:

Activity Title:

Location of Activity:

(City)

(State)

Instructor(s) Name(s):

Contact Person/People:

Contact Phone(s):

E-mail

Web site:

Who is the Target Audience:

Activity Start Date:

Activity Completion Date:

Start Time for Activity: **am/pm**

Ending Time for Activity: **am/pm**

Total number of CEUs to be awarded to each participant:

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Content Area:	Content Level:	Participating Programs:
<input type="checkbox"/> Professional Studies (PS)	<input type="checkbox"/> Little/none	<input type="checkbox"/> CMP only
<input type="checkbox"/> General Studies (GS)	<input type="checkbox"/> Some	<input type="checkbox"/> ACET only
	<input type="checkbox"/> Extensive	<input type="checkbox"/> CMP & ACET Both
	<input type="checkbox"/> Teaching	