DHHS CEU SPONSORSHIP APPROVAL

State Form 51381 (6-03)/DHHS 0011

Mail to:
MS23
Deaf and Hard of Hearing Services
Indiana Family and Social Services Administration
Division of Disability, Aging, and Rehabilitative Services
P.O. Box 7083
Indianapolis, IN 46207-7083

Name of applicant *(Last name, first name, M.I.)*			
Address *(number and street)*			County
City and state			ZIP code
Home phone number ( )	Work phone number ( )	FAX ( )	E-mail address

Activity Title: _____

Location of Activity: _____ City:_____ State: _____

Instructor(s) Name(s): _____

Contact Person(s): _____ Contact Phone(s):_____

E-mail: _____ Website: _____

Who is the target audience? _____

Activity Start Date: _____ Activity Completion Date: _____

Start Time for Activity: _____ AM / PM ? Ending Time for Activity: _____ AM / PM?

Number of Continuing Credits (CEUs) you believe should be awarded to each participant: _____

Description of Activity (Describe key topics, skills, concepts and activities of the event. Use back of form for additional space.)

_____

_____

_____

Educational Objectives (List specific observable actions by participants that will demonstrate comprehension and integration of information presented. These should be detailed, action-related items based on materials presented.)

_____

_____

_____

Materials (List the print, audio and visual materials you will use. Who is responsible for providing them?)

_____

_____

_____

Action Plan (Describe or outline the specific activities which will occur during this program. These activities are to support and help meet the Educational Objectives listed above.)

_____

_____

_____

Evaluation & Assessment (Describe how you will evaluate student learning and presentation effectiveness.)

_____

_____

_____

FOR OFFICIAL USE ONLY	
Approved by	Date: