

# Continuing Education Units Submission Form

For Internal Use

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Student ID:	_____
-------------	-------



Arkansas Tech University  
 College of Professional Studies  
 and Community Outreach  
 61 Lake Point Lane  
 Russellville, AR 72802  
 Phone: 479-498-6035  
 Fax: 479-964-3243  
<http://lakepoint.atu.edu>

Please complete all information. One Continuing Education Unit is awarded for each *ten* hours of participation in an organized and approved continuing education experience under responsible sponsorship, capable direction and qualified instruction.

## PROGRAM INFORMATION

Completion Date	Program Title	Total CEU Request
<b>Sponsoring Organization</b>		<b>Location</b>
<b>Organization Mailing Address</b>		<b>City, State, Zip</b>
<b>Phone Number</b>	<b>Instructor (s)</b>	

## PARTICIPANT INFORMATION

Participant Address	City, State, Zip

You may attach a check or money order for \$10.00 (made payable to ATU) for each program request.  
 PLEASE include a copy of the agenda outlining the program sessions you attended.