



Continuing Education Activity Plan Sponsor Form

Note:

This activity form must be submitted to the RID National Office at least 30 days prior to the start of the activity.
The Activity Plan Instructor's form must also be attached.

Name of Approved Sponsor: Nebraska Commission for the Deaf and Hard of Hearing

Activity Number: _____
Sponsor Code . Month / Year Ascending within month; Internal code (optional) Subject code

Activity Title: _____

Location of Activity: _____ (City) _____ (State) _____

Instructor(s) Name(s) _____

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

Email: _____ Website _____

Who is the target audience? _____

Activity Start Date: _____ Activity Completion Date: _____

Start time for Activity: _____ Ending time for Activity: _____

2nd Day Start time for Activity: _____ am/pm? 2nd Day Ending time for Activity: _____ am/pm?

3rd Day Start time for Activity: _____ am/pm? 3rd Day Ending time for Activity: _____ am/pm?

Total Number of Continuing Education Credits (CEUs) to be awarded to each participant: _____

Content Area:	Content Level:	Participating Programs:
(circle one):	(refers to participants knowledge)	(circle one):
Professional Studies (PS)	Little / none	CMP only
General Studies (GS)	Some	ACET only
	Intensive	CMP & ACET BOTH
	Teaching	

As the RID Approved Sponsor for this RID activity, I certify that the above information is accurate and will be submitted to the RID National Office at least 30 days prior to the start of the activity.

Signature of RID Approved Sponsor Administrator _____

Date: _____