

APLD CEU Request Form 2016

Please complete this form to apply for CEU credits to be assigned to your event. Send the completed form to APLD Headquarters (contact information is at the bottom of this page). Use an additional sheet if necessary. **Please allow 30 business days for CEUs to be reviewed and approved.** We will try our best to accommodate a date needed, but do not guarantee within 30 business days.

* Please send a copy of the program agenda, as well as completing the required information below. 1. Requested by: ______ Date Needed: _____ 2. Email Address: Phone #: 3. Event Name: _____ 4. Event Sponsored by: _____ 5. Event Date & Time: _____ 6. Event Location (city/state): 7. Number of sessions: _____ Length of session (in hours): ____ 8. Is there a break in sessions? 9. If so, how many & length of each break: 10. Is this program a workshop or lecture? 11. Speaker(s) background/bio: _____ 12. Speakers educational background: ______ 13. Detailed paragraph about each class/session:



APLD CEU Request Annual Payment Form 2016

APLD will be charging a \$25.00 annual fee, per applying organization, for CEU request form(s) submitted. This \$25.00 fee ensures that all of your approved APLD CEU's will be advertised on APLD's website to members.

Applying Organization:					
Address:					
City:			State:	Zip:	
Phone:	Fax:	Email:			
METHOD OF PAYMENT					
Check enclosed (Please make checks payable to APLD)					
☐ Please charge my:	□Visa	☐ MasterCard	Disco	ver <u>\$25.0</u>	<u>00</u>
Name on Card:			Card Security Code:		
Card Number:			Exp. Dat	te:	
Billing Address (if differe	ent from above):				
Signature:					