

*Please type or print legibly*

**APPLICATION FOR APPROVAL OF CONTINUING EDUCATION UNITS FOR INDIVIDUAL PARTICIPATION**

*Note: If a program is approved by another Maryland State health occupation board, the program is automatically approved by the State Board for the Certification of Residential Child Care Program Administrators.*

**Continuing education must foster the improvement, advancement, and extension of the certified program administrator’s professional skill and knowledge relating to residential child care administration.**

Directions:

- Complete all sections of the Application.
- Enclose a copy of the program.
- Enclose a printed or typed self-addressed stamp envelope with this CEU request form.

**Approval of a CEU request means that the program is approved for continuing education credit. This form is NOT sufficient for verification of your attendance at the program. You ARE responsible for obtaining a certificate of completion of the program to verify your attendance.**

Name:			Certification Number:
Mailing Address:	City:	State:	Zip:
E-Mail Address:		Phone:	
Nature of Professional Activity: <input type="radio"/> Workshop <input type="radio"/> Seminar <input type="radio"/> Self-Study <input type="radio"/> Institutes <input type="radio"/> Other, please specify:			
Sponsored by:			
Description of Activity:			
Date of Activity:		Location of Activity:	
Duration of Activity (Number of hours excluding lunch and breaks)			
<b>Attach a copy of the program</b>			

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**FOR BOARD USE ONLY:**

Application # _____	Program Approved: Y / N
Date Received: _____	CEU Awarded: _____
Date Reviewed: _____	