

ACSI CEU APPROVAL REQUEST FORM

School Name _____ CEU Registration Number _____

CEU contact person: _____ Phone Number: _____

Email: _____ Fax Number: _____

Preferred method of contact: (circle one) Phone Email Fax

Title of the in-service: _____

Presenter Name and Credentials: _____

Dates of in-service: _____

Total number of Contact hours: _____ Total number of CEUs proposed: _____

Course Description: _____

Course Objectives: _____

Brief outline of material to be covered: _____

Tentative Schedule of in-service: _____

