CHECKLIST FOR
CONTINUING EDUCATION APPLICATION PACKETS REQUESTING CEU'S
(To be used by the Continuing Education Subcommittee in reviewing packets.)

Application Reviewed: _________________________________________________________________

General:

_____ Information is accurate and not misleading.
_____ The application has received the necessary administrative signatures.
   a. Sponsor and, if applicable, Co-Sponsor
   b. Division Director
   c. Department Chair
_____ The registration form includes all of the following information:
   a. Name of the program and the date(s)
   b. Name and address of the sponsoring institution
   c. Space for the name and social security number of registrant
_____ CEUs to be awarded have been computed for instructional time only.

Documentation of Need:

_____ The target audience has been clearly identified.
_____ The reason this educational need is being addressed by continuing education is identified.
_____ Intended learning outcomes/objectives are clearly described.
_____ Course content is identified and instructional methods are listed.

Facilities and Faculty:

_____ The program location supports each of the instructional methods used.
_____ Credentials of the SHRP faculty support their qualifications as course instructors.
_____ CVs for all non-SHRP faculty in support of their qualifications as instructors are attached.

Necessary Attachments:

_____ The copy of the CEU application form is filled out in entirety.
_____ A copy of or the method for the assessment of participant learning is provided.
_____ A copy of participant course evaluation is attached if different from the SHRP evaluation.
_____ A copy of the brochure is attached if appropriate.
_____ If a certificate other than the SHRP certificate is to be used, it is attached. (Special certificates must be approved by Publications Subcommittee.

Reviewer Comments:

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Reviewed in Assistant Dean's Office by ___________________________ Date ____________________

October 1996