

**REQUEST FOR APPROVAL OF CONTINUING EDUCATION PROGRAM**

**Application Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Purpose:** This form is to be used by providers to request approval of proposed continuing education programs for which participants would receive credit hours to satisfy KCDHH/Kansas Quality Assurance Screening (KQAS) requirements.  
**Instructions:** Submit this form at least 30 days prior to the program for which CEU approval is requested. **COMPLETE THIS FORM** in its entirety. All information must be in compliance with the KCDHH CEU policy. Mail to address shown above or email. Scanned copies permitted.

Program provider (institution, organization or persons)

Name (person submitting application):	Contact Information: (Telephone Number/email address)
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Program Title

Name of Instructor(s) include instructor's resume to show education, experience and expertise to provide this activity.

**Are any of the instructors applying for CEU for time expended during this activity?**    **Yes**    **No**

Provide description of the program (attach additional pages if needed)

Educational Objectives (list specific objectives which participants will demonstrate comprehension of information presented)

Evaluation and Assessment Methods (how will the program be evaluated to assure satisfactory completion and comprehension of such program. Please include a copy of the evaluation form).

Target Audience:

Instructional Level of this Program is:  
 \_\_\_\_\_ Beginner                      \_\_\_\_\_ Introductory                      Intermediate \_\_\_\_\_                      \_\_\_\_\_ Advanced

Program Location (Name, Address, City, State, Zip Code)

Is this event opened to the public? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Do you want this posted on the KS-Deaf-HH list serv? \_\_\_\_\_ Yes \_\_\_\_\_ No

Date(s) of Program	Start and Ending Time of Program	Total Hours ( proposed CEU hours)
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Signature of Applicant	Date
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**FOR OFFICE USE ONLY**

<b>Date received</b>	<input type="checkbox"/> <b>Approved</b> <input type="checkbox"/> <b>Disapproved</b>	<b>Amount of CEUs</b>	<b>Form Complete</b>	<b>Approved by</b>	<b>Date Notified and Initials</b>
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