



## Request for Continuing Education Units

In order for your course to receive official continuing education units (CEU's) from Western Kentucky University, the CEU Administrator must have the following information on file. Approval to offer CEU's for any continuing education activity must be obtained in advance of advertising your event. A signed copy of this form will be returned to you as confirmation of the successful completion of the CEU approval process.

### A complete request includes:

- Completed and Signed Cover Page
- Course Proposal Form
- List of Learning Objectives and their Outcomes
- A Blank Course Evaluation Form
- Estimated Number of Participants
- Itinerary or Agenda of Event(s) (that includes times and dates)

**Submitted by:** \_\_\_\_\_  
Name Date

\_\_\_\_\_  
Department/Organization

\_\_\_\_\_  
Interaccount Number or Billing Address

By reviewing the attached material and signing below, you have agreed that Western Kentucky University's name associated with this program is appropriate and consistent with its mission, goals and use of resources.

**Reviewed by:** \_\_\_\_\_  
Event Chair or Department Head Date

### For WKU CEU Administrator Use Only

Course Title: \_\_\_\_\_

CEU's Awarded \_\_\_\_\_ Contact Hours \_\_\_\_\_ Course # \_\_\_\_\_

\_\_\_\_\_  
CEU Administrator Date Approved

# Course Proposal Form

**Title:** \_\_\_\_\_

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

**Location:** \_\_\_\_\_

**Course Description including Schedule:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Target Audience:** \_\_\_\_\_

\_\_\_\_\_

**Sponsor(s):** \_\_\_\_\_

**Instructors:** (Please list by name and WKU Department or Organization Affiliation)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Instructional Delivery Method:**

Lecture \_\_\_\_\_ Panel Discussion \_\_\_\_\_ Other \_\_\_\_\_

Remote/Online \_\_\_\_\_ Group Activity \_\_\_\_\_ \_\_\_\_\_

**Method of Assessment for Attainment of Individual Learning Objectives** (basis for granting CEU's):

Written test \_\_\_\_\_ Oral test \_\_\_\_\_ Self-assessment \_\_\_\_\_

Performance of a skill \_\_\_\_\_ Attendance (90% required) \_\_\_\_\_

Other \_\_\_\_\_

*Remember to include confirmation that participants satisfactorily met the assessment criteria with the post-offering materials sent to the CEU Administrator.*

*Attach additional pages and/or draft marketing for your offering, as appropriate.*

***Please Note: This form can be customized to meet the needs of your organization. Please call our office to see samples or discuss further.***

## **Continuing Education Unit Registration Form**

**Western Kentucky University  
Continuing and Professional Development  
2355 Nashville Road  
Bowling Green, Kentucky 42101  
270-745-1912 \* Fax: 270-745-8974**

**SAMPLE**

*(Please print)*

Name \_\_\_\_\_

Company/Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

*I certify that the information stated above is complete and correct.*

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

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

**Please do not write below this line. For University use only.**

Program number \_\_\_\_\_ CEU's awarded \_\_\_\_\_ Contact hours \_\_\_\_\_

Program title \_\_\_\_\_

Date(s) \_\_\_\_\_ Location \_\_\_\_\_

**Example**



**Continuing Education  
Session Evaluation Form**

**PLEASE DO NOT SIGN YOUR NAME**

Course Title: \_\_\_\_\_ Date: \_\_\_\_\_

We hope this program has been of value to you. Please evaluate the quality of instruction and content of the program below. CIRCLE the appropriate number to the right of each question. **Please answer all the questions.**

| <b>Course Instructor (s)</b>                          | <b>Excellent</b> | <b>Good</b> | <b>Adequate</b> | <b>Poor</b> |
|---|------------------|-------------|-----------------|-------------|
|   |                  |             |                 |             |
| <b>1. Knowledge of the subject matter</b>             | <b>4</b>         | <b>3</b>    | <b>2</b>        | <b>1</b>    |
| <b>2. Clarity and explanation of information</b>      | <b>4</b>         | <b>3</b>    | <b>2</b>        | <b>1</b>    |
| <b>3. Participant involvement</b>                     | <b>4</b>         | <b>3</b>    | <b>2</b>        | <b>1</b>    |
| <b>4. Appropriateness of activities and materials</b> | <b>4</b>         | <b>3</b>    | <b>2</b>        | <b>1</b>    |
| <b>5. Pace of delivery</b>                            | <b>4</b>         | <b>3</b>    | <b>2</b>        | <b>1</b>    |
| <b>6. Time for discussions and questions</b>          | <b>4</b>         | <b>3</b>    | <b>2</b>        | <b>1</b>    |
| <b>7. Overall rating of instructor</b>                | <b>4</b>         | <b>3</b>    | <b>2</b>        | <b>1</b>    |

| <b>Course Content</b>                    | <b>Excellent</b> | <b>Good</b> | <b>Adequate</b> | <b>Poor</b> |
|--|------------------|-------------|-----------------|-------------|
|  |                  |             |                 |             |
| <b>1. Description of course</b>          | <b>4</b>         | <b>3</b>    | <b>2</b>        | <b>1</b>    |
| <b>2. Organization of course/topics</b>  | <b>4</b>         | <b>3</b>    | <b>2</b>        | <b>1</b>    |
| <b>3. Program length</b>                 | <b>4</b>         | <b>3</b>    | <b>2</b>        | <b>1</b>    |
| <b>4. Goals/objectives were achieved</b> | <b>4</b>         | <b>3</b>    | <b>2</b>        | <b>1</b>    |
| <b>5. Overall rating of content</b>      | <b>4</b>         | <b>3</b>    | <b>2</b>        | <b>1</b>    |

| <b>Course Registration and Logistics</b>    | <b>Excellent</b> | <b>Good</b> | <b>Adequate</b> | <b>Poor</b> |
|---|------------------|-------------|-----------------|-------------|
|   |                  |             |                 |             |
| <b>1. Registration process</b>              | <b>4</b>         | <b>3</b>    | <b>2</b>        | <b>1</b>    |
| <b>2. Program location and meeting room</b> | <b>4</b>         | <b>3</b>    | <b>2</b>        | <b>1</b>    |

Would you recommend this program to others? 1. Yes 2. No

Delivered content that was most helpful for my job: \_\_\_\_\_

How this course could be improved: \_\_\_\_\_

Suggestions/needs for future training: \_\_\_\_\_

*Thank you for your feedback; it will be incorporated into future program planning.*