Pennsylvania Recreation and Park Society

**Application for Continuing Education Unit Support**

**INSTRUCTIONS**

1. ***APPLICATION***

Complete application and submit electronically to danh@prps.org with subject “CEU Application.” Mail a $50.00 non-refundable processing fee to PA Recreation and Park Society (PRPS) at the address below.

***OR***

 Complete application and submit it along with a $50.00 non-refundable processing fee to the address below.

***PA Recreation and Park Society***

***Attn: CEU Application***

***2131 Sandy Drive***

***State College, PA 16803***

1. ***APPROVAL***

Receive approval to offer continuing education units (CEU) via a letter from PRPS along with CEU Forms and session sign-in sheets.

1. ***COLLECT FEES***

Collect fees from event attendees requiring CEUs, fees are as follows:

*(Checks made payable to “PRPS”)*

|  |  |  |
| --- | --- | --- |
| **Individual CEU Fees** | **PRPS Members** | **Non-members** |
| CEUs for one day workshop | $5.00/person | $10.00/person |
| CEUs for multiple day workshop | $10.00/person | $20.00/person |

1. ***DELIVER CEU SIGN-IN SHEETS and PROCESS CEU FORMS***
2. ***For a “Multiple Session Conference”***
* Disperse CEU sign-in sheets at the start of each session. CEU recipients will sign these sheets, collect sheets upon the completion of each session.
* Collect CEU Forms prior to the start of each session. Room hosts will complete the “Conference Coordinator’s Use Only” column (session length, initials) for that session and return the forms to individuals at the end of the session.
* At the end of the conference, direct attendees to an individual who will total the attendees’ CEUs and complete the “Conference Coordinator’s Use Only”\* portion at the bottom of the CEU Form. Return the white copy of the CEU Form to the conference attendee and retain the yellow copy of the form.
1. ***For “One-Day Workshops”***
* At the end of the workshop, direct attendees to an individual who will complete the “Workshop Coordinator’s Use Only”\* portion of the form. Return the white copy of the CEU Form to the workshop attendee and retain the yellow copy of the form.
* CEU recipients must sign the CEU Sign-In Sheet while their CEU Form is being processed.

\*Calculating CEUs:

Take the total number of completed contact hours and divide by 10 to obtain a CEU total. CEUs should be expressed in tenths of a CEU, for example 5 contact hours equates to .5 CEUs. If the resulting computation ends in less than .05 after totaling, round it down; if the resulting computation ends at .05 or higher after totaling, round it up to the nearest tenth EXAMPLE: 3.25 hours= .3 CEUs 3.5 hours= .4 CEUs

1. ***SUBMIT FINAL PAYMENT and PAPERWORK TO PRPS***

After the event mail the following to PRPS: 1. Yellow copies of the CEU forms 2. Individual’s payments 3. Sign-in Sheets

4. Extra CEU Forms

PA Recreation and Park Society

Attn: CEU

2131 Sandy Drive

State College, PA 16803

Pennsylvania Recreation and Park Society

**Application for Continuing Education Unit Support**

1. **APPLICANT INFORMATION**
2. **Organization (Event Host):**
3. **Contact:**
4. **Contact Address:**
5. **Contact Email:**
6. **Contact Phone Number:**
7. **EVENT INFORMATION**

*When completing this form, reference the* [*International Association for Continuing Education and Training (IACET) website*](http://www.iacet.org/the-iacet-standard/ansiiacet-standard) *for a framework of best practices on how to develop a learning program.*

1. **Event Title:**
2. **Event Date(s):**
3. **Event Location:**
4. **Event Address:**
5. **Workshop Agenda *(Include the schedule for the entire workshop including breaks):***

|  |
| --- |
| Date |
| Time | **Session Title** |
|  |  |
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1. **Total hours of Conducted Instruction**
2. **Session Descriptions *(list in space provided or attach)*:**
3. **Instructor(s) qualifications *(list in space provided or attach)*:**
4. **Target Audience:**
5. **Describe the *educational need* this workshop will be addressing**
6. **Describe the learning outcomes/performance objectives of this workshop.**

**Ex: *Participants will develop a personal action plan to deal with customer complaints:***

**1.**

**2.**

**3.**

1. **Describe the method for participants to demonstrate attainment of the learning outcomes:**
2. **Describe any support services (learning materials, visual aids, etc.) that will be used:**
3. **Describe your method of evaluation:**
4. **Number of PRPS evaluation forms requested:**
5. **Requested Number of CEU Forms:**
6. **Requested number of Contact Hour Forms:**

***PRPS Office Use Only:***

*Reviewed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account: \_\_\_\_\_\_\_ Phase: \_\_\_\_\_\_\_*