



Request for Continuing Education Hours (CEHs) for an Sponsored Event/ Course

The form is to be completed by the sponsoring organization that wishes to provide TECUnit CEHs for an event. Approval applies to all attendees in the CMP program and requires proof of successful completion. **Payment must be made prior to submission of this form. The course will not be reviewed until both payment and this form are received.**

Payment Information *(Fee was paid by)* Check # or Online System Order #

Sponsoring Organization Information

Name of Organization
Address
Website
Event url *(if applicable)*
E-mail Phone

Contact Person Information

Your Name Phone
E-mail

Course/Event Request Overview

Course/Event Title Total # of CEHs Requested
Start Date Completion Date

Choose one in each column

- | | | |
|---|---|---|
| <input type="checkbox"/> In-person only | <input type="checkbox"/> Synchronous/Live | <input type="checkbox"/> Applicable skills or knowledge; non-cueing |
| <input type="checkbox"/> Online only | <input type="checkbox"/> Asynchronous | <input type="checkbox"/> Cueing-specific ; but not primarily skill-based practice |
| <input type="checkbox"/> Hybrid | <input type="checkbox"/> Hybrid | <input type="checkbox"/> Cueing-specific skill-based practice; Expressive or receptive skills and/or transliteration technique and may or may not include topics or knowledge. |

Course/Event Information

Description | *Provide a brief overview of the course/event.*

Audience (Role/ Level) | *Identify the primary audience for this event by both role (e.g., parents) and skill/knowledge level.*

Learning Outcomes | *List the educational objectives. What will attendees be able to do when the event/course is complete.*

Learning Activities and Media | *Describe the tasks participants will do in order to achieve the learning outcomes.*

Assessment/ Evaluations | *How will successful achievement of the learning outcomes be measured?*

Relevance to Cued Language Transliteration | Describe specifically how this event/course relates to the CLT role.

Leader(s)/Presenter(s)/Instructor(s)/Moderator(s) Information

Instructor Biography | Provide relevant qualifications for each main presenter/instructor/moderator.

Instructional Hours Breakdown

Total # of Hours
for Event

Total # of Direct
Instructional Hours

**Direct instructional hours are defined as face-to-face, contact with an instructor (may be delivered through teleconferencing or video recording). Direct hours do not include breaks or meals.*

Breakdown of CEH Request | Please breakdown the total hours requested. Be sure to specify the number/kind/duration of meetings and number/kind/duration of any outside requirements (e.g., 2 hours of assigned readings/week x 4 weeks = 8 hours). Do not include breaks or meals in your calculation of total CEHs requested.

*Additional paperwork may be submitted to supplement, **but not replace**, the fields of this form. Forms with any incomplete fields will not be reviewed and returned to the applicant to resubmit. Return this completed form and any accompanying documents to info@tecunit.org.*

Approval of CEHs applies to one occurrence of this event. It is the responsibility of the requesting organization to report successful completion and number of hours awarded for each attendee seeking CEHs.