



Request for Continuing Education Hours (CEHs) for an Un-sponsored Event/ Course

This form is to be completed by the individual, nationally certified cued language transliterator (CLT) seeking Continuing Education Hours (CEHs) for an event that is not already sponsored for TECUnit CEHs. **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 Found on emailed receipt.

Applicant Information

Your Name CLTID
E-mail Phone

Event/Course Organizer Information

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

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.*

Learning Outcomes | *List the learning objectives exactly as devised by the event's presenter(s)/instructor(s).*

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

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

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

Relevance to Cued Language Transliteration | Describe specifically how you expect this course/event to relate to your practice.

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

Instructor Biography | Provide relevant qualifications for each **lead** facilitator/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 CEHs Requested | 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.

It is the responsibility of the applicant to contact the host organization and/or instructor to ensure that the information in this application is complete and accurate. **Do not speculate or improvise information like course objectives.** If approved, the applicant must successfully complete the course according to all course requirements to earn CEHs. Refer to the CMP Manual for approved documentation.