

This form may only be completed by registered CEH Providers only who wish to host a recurring CEH event/course. Payment must be made prior to submission of this form. The course will not be reviewed until payment and form are received.

		Check #		Order #	
Payment Info	rmation (Fee was p	aid by) Check	0	Online System	n
					Found on emailed receipt.
Sponsoring Organization Information					
Name of Organization					
Contact Person Information					
Your Name				Phone	
E-mail					
0	D				
Course/Event Request Overview					
Course/Event Title					Total # of CEHs Requested
Start Date		Completion Date			
Choose one in each column					
In-person only		Synchronous/Live		Applicable skills or knowledge; non-cueing	
Online only		Asynchronous		Cueing-specific; but not primarily skill-based practice	
Hybrid		Hybrid		Cueing-specific skill-based practice; Expressive or receptive skills and/or transliteration technique and may or may not include topics or knowledge.	
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Course/ Event Information

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

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

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

Learning Activities and Media | Describe what participants will do during the event or class 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 lead leader/ 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, interactive contact with an instructor (may be delivered through teleconferencing). Direct hours do not include breaks, meals, or outside work.

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)*

Additional paperwork or explanation may be submitted to supplement, but not replace, the fields of this form. Approval of CEHs applies to multiple occurences of this event. CEH providers are required to notify the TECUnit in advance of each offering 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.