Official Chapter CEU Application Form for Chapter Conferences

Only use this form for Chapter Conferences. A conference is defined by having concurrent sessions at any time throughout your educational program. If you do not have concurrent sessions, please use the Chapter CEU Application Form for Chapter Workshops.

APWA Chapters must submit a separate form for each conference for which they wish approval to offer CEUs to participants. Application for CEU approval must be submitted to APWA at least 10 working days prior to the event date. APWA will notify the chapter contact of approval by email and include all of the procedures, participant forms, and validation stickers by email attachment.

A \$50 application fee is due to APWA for approval of this application. Within five working days of receipt of this online application form, APWA will mail an invoice to the Chapter Treasurer for payment of this fee.

If you have not been notified of application status within 5 working days of submitting this form, please call the Professional Development Department at 1-800-848-APWA.

| Chapter Contact Information: |
|---|
| Sponsoring Chapter: |
| Name: |
| Fitle: |
| Organization: |
| Address: |
| City: |
| State/Province: |
| Zip/Postal Code: |
| Email: |
| Phone: |
| Fax: |
| Conference Information: |
| Γitle of Event: |
| Dates Scheduled: |
| Agenda: Please provide a complete agenda for this event, including session beginning/ending times, instructional hours, scheduled coffee breaks and meals, etc. |
| Farget Audience: Who is your target audience? |

| | ing Objectives: CET guidelines, please use the "action" verbs on the attached guide (do not use "understand" or "learn") |
|------------------------|---|
| 1. | At the conclusion of this program, participants will be able to: |
| | |
| | |
| 2. | At the conclusion of this program, participants will be able to: |
| | |
| | |
| 3. | At the conclusion of this program, participants will be able to: |
| | |
| | |
| Estima | ated Attendance: |
| Evalu With t | ation: his application, you must submit a copy of your session evaluation (for each session). |
| | evaluation must include: |
| • Th | ree (3) leaning objectives O Per IACET guidelines, you must use approved "action" verbs (see attached guide) O For example, please do not use "understand" or "learn" |
| • Ea | ch of the speaker's names must be included on each evaluation (sample evaluation attached). |
| Usage | |
| How v | vill the chapter use the information obtained through participant evaluations? |
| | |
| Sessio | n Description(s): |

Please provide a description of <u>each</u> Educational Session in your workshop/seminar (2-4 line sentence description).

Please complete the following information for EACH instructor in your conference (copy and paste additional blank lines as needed).

| Session: | |
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| Name: | |
| Title: | |
| Organization: | |
| Address: | |
| City: | |
| State: | |
| Zip Code: | |
| Email: | |
| Phone: | |
| | |
| Session: | |
| Name: | |
| Title: | |
| Organization: | |
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| Name: | Phone: | |
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| Name: | Session: | |
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| Email: | | |
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