

## Official Chapter CEU Application Form for Chapter Workshops/Seminars

Do not use this form for Chapter Conferences with multiple concurrent sessions. Use the Chapter CEU Application Form for Chapter Conferences.

APWA Chapters must submit a separate form for each Workshop/Seminar 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 \$35 application fee is due to APWA for approval of this application. Within five working days of receipt of this application form, APWA will email an invoice to the Chapter contact 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: \_\_\_\_\_  
Title: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State/Province: \_\_\_\_\_  
Zip/Postal Code: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

### Workshop/Seminar Information:

Title 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.*

### Target Audience:

Who is your target audience? \_\_\_\_\_  
\_\_\_\_\_

**Learning Objectives:**

Per IACET 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Estimated Attendance:** \_\_\_\_\_

**Evaluation:**

With this application, you must submit a copy of your session evaluation (for each session).

Each evaluation must include:

- Three (3) leaning objectives
  - Per IACET guidelines, you must use approved "action" verbs (see attached guide)
  - For example, please do not use "understand" or "learn"
  
- Each of the speaker's names must be included on each evaluation (sample evaluation attached).

**Usage:**

How will the chapter use the information obtained through participant evaluations? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Session Description(s):**

Please provide a description of each 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).*

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

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

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Session: \_\_\_\_\_  
Name: \_\_\_\_\_  
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Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_