

**Pennsylvania Recreation and Park Society**  
**Application for Continuing Education Unit Support for a**  
**Non-PRPS Organization**

- Directions:
1. Complete this form and attach supporting documentation (copy of brochure, speaker bios, agenda or outline)
  2. Mail payment and 1 copy of application and attachments to:  
**PA Recreation and Park Society,**  
**2131 Sandy Drive, State College, PA 16803-2283**

Application fee: \$30 This processing fee is non-refundable. Make check payable to **PRPS**

<u>Individual CEU Fees</u>	<u>PRPS Members</u>	<u>Non-members</u>
CEUs for one day workshop	\$ 5 per person	\$10 per person
CEUs for multiple day workshop	\$10 per person	\$20 per person

*These fees are payable at the conclusion of the workshop.*

Workshop Title:

Date to be Held: \_\_\_\_\_ # of CEU forms you will need \_\_\_\_\_

Sponsoring Organization:

Contact Person:

Address:

Phone: Day \_\_\_\_\_ Eve \_\_\_\_\_ Fax \_\_\_\_\_

*Please refer to the IACET criterion included with this application when providing the information requested.*

Who is the target audience?

Describe the educational need this workshop will be addressing.

Describe the learning outcomes or performance objectives of this workshop. Example: Participants will develop an action plan to deal with customer complaints.

Describe the instructors qualifications for teaching this workshop.

Describe the content of this workshop. An outline may be attached.

How many hours of instruction will be conducted: \_\_\_\_\_ hours

Describe method for participants to demonstrate attainment of the learning outcomes: \_\_\_\_\_

How will the participants evaluate the workshop?

Describe the specific location of the workshop including seating, work areas, etc.

Describe the support services such as learning materials, visual aids that will be used.

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DO NOT WRITE BELOW THIS LINE

Approved by PRPS

Name of Workshop:

Date to be Held:

No. of CEU's

I recommend approval for CEU's. If I do not hear from you within two weeks of your receipt of this, I will assume you approve. If you do not approve this workshop for CEU's you MUST return this form within the two week time period and state the reasons for disapproval below:

Signature:

Date returned to PRPS: \_\_\_\_\_ by \_\_\_ FAX , \_\_\_ Mail or \_\_\_ email