

**Pennsylvania Recreation and Park Society  
2131 Sandy Drive  
State College, PA 16803**

**Application for Continuing Education Unit Support for a  
PRPS Workshop/Conference/Institute Session**

PRPS Function: \_\_\_\_\_ (workshop, conference)

Session Title:

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

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 session. Name \_\_\_\_\_

- a. Education pertinent to this topic:
  
- b. Experience pertinent to this topic:
  
- c. Certification pertinent to this topic:

Describe the content of this session. 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 session?

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 Session:

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