



Continuing Education Activity Information Form

To be completed by individuals/groups seeking CEU approval for workshops, courses, or programs they plan to attend, or by individuals/groups preparing workshops, courses, or programs. The completed form, including the answers to the questions regarding activity content, must be sent to the CE committee chair and at least 2 CE committee members by email or mail, for review.

Please Note: This form should be submitted PRIOR to participating in the continuing education activity. If this form is submitted later than 30 days after the activity is completed, CE credit will not be awarded.

Applicant's name _____

Applicant's address _____

Activity name _____

Date of activity _____

Total contact hours for CE credit _____ (see question #3 below)

- Activity classification
- Art (minimum 14 hrs. per 5yr. Certification term)
 - Medicine/Biology (minimum 14 hrs. per 5yr. Certification term)
 - Business (maximum 7 hrs. per 5yr. Certification term)

Instructor(s) _____

Location _____

QUESTIONS ON ACTIVITY CONTENT

1. How is this activity relevant to the practice of medical illustration?
2. What knowledge, skill, or new ability will this activity provide?
(List the learning objectives of the activity)
3. Outline what activities are involved in this event (include materials, methods, etc.). List how much time will be allotted to each activity and the total contact time of the activity. Do not include time for meals or breaks. NOTE: "see enclosed brochure" is not an acceptable answer. If the applicant does not answer this question, the activity cannot be reviewed for credit.
4. Briefly describe how the participants will show they have learned the intended material and satisfactorily complete the activity. This can be done by review of exercises, questions and discussion, various testing methods, and verifying attendance.
5. List biographical information on the instructor(s) teaching this event (education, experience, awards, and current situation). Attach resume excerpts if you wish.

Committee members: Please review application and email or mail response to the Chair ASAP.

- APPROVED NOT APPROVED CONDITIONAL

Committee member signature: _____