

**PROGRAM APPLICATION**  
**2022-2023 Program Year**  
**Mississippi College Office of Continuing Education**  
**Continuing Education Units Program**  
**Box 4031**  
**Clinton, Mississippi 39058**

**Part I - Identifying Information**

- A. Program Provider Agency Name: \_\_\_\_\_
- B. Mailing Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_
- C. Contact Person: \_\_\_\_\_  
Position: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Email address: \_\_\_\_\_

**Part II - Program Information**

- A. Program Title: \_\_\_\_\_
- B. Program Site: \_\_\_\_\_
- C. Number of CEU's: \_\_\_\_\_ Number of Contact Hours: \_\_\_\_\_  
*(Please note: Programs less than 5 clock hours cannot be approved.)*
- D. Date(s) of Program: \_\_\_\_\_
- E. Identify the group(s) which will be trained and are eligible for certificate renewal through the Mississippi Department of Education: \_\_\_\_\_  
\_\_\_\_\_
- F. List topic(s) or theme(s) to be addressed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- G. Program Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- H. List major intended learning outcomes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OVER**

Form CEU2 - 6/02

I. Identify instructional techniques or strategies that will be used to obtain the intended learning outcomes: \_\_\_\_\_  
\_\_\_\_\_

J. Identify the assessment techniques or strategies that will be used to determine the achievement of the intended learning outcomes: \_\_\_\_\_  
\_\_\_\_\_

K. List *major* program presenters' names and qualifications. Attach continuation page, if necessary. Resumes/vitae are required:  
1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

L. Evaluation: Attach sample of evaluation instrument.

**Part III - Agenda/Schedule of Activities** \*Please attach relevant promotional material.

<u>Time</u>	<u>Activity</u>
_____ - _____	_____
_____ - _____	_____
_____ - _____	_____
_____ - _____	_____

**Method of Payment**

- \_\_\_\_ Participants will mail CEU fees with completed CEU Application to Miss. College.
- \_\_\_\_ Participants will leave CEU fees with completed CEU Application at the Conference/Class site and the Program Provider Agency will mail a packet including all checks and registration forms.
- \_\_\_\_ Program Provider Agency will issue one check to Mississippi College which covers the specified amount for all participants and will forward the CEU Applications in bulk.
- \_\_\_\_ Other: \_\_\_\_\_

**Notes**

1. Program description should be complete and succinct on this form except as specifically permitted in the above instructions.
2. Attachments such as promotional brochures may be included to broaden responses but may not be substituted for the required response.
3. Presenters, dates, and times may be noted as "tentative" if necessary. Changes, if made, must conform to the level of training as described and approved.
4. Applicants are responsible for the completeness and timely submission of applications.