

Continuing Education Unit Request Form



PCIA Program

Requestor Name

CEU Description and Details

Location where CEU Occurred

Date(s) of CEU

List all PCIA Instructors who are to receive CEU credit

Name of person responsible for CEU

Type of CEU

Total CEU Hours Requested

Please list in 2-3 paragraphs CEU details including agenda, topics covered, assessment, etc. Attach additional pages if necessary:

Requestor Signature

Date Signed

PCIA Office Use Only

Name of Reviewer

Request Accepted

Title of Reviewer

Request Denied

Reviewer Notes

Number of CEU's awarded