



**REQUEST FOR APPROVAL OF CONTINUING EDUCATION**

J. Edward Allen, Training Office  
Post Office Box 1228  
Beaufort, South Carolina 29901  
Phone 843-255-5150 Fax 843-255-9413 e-mail [eda@bcgov.net](mailto:eda@bcgov.net)

**Requesting Organization:**

Name	Contact Person
Address	City, State, Zip
Phone	Fax
E-mail	

Title of Program ( _____ )	Number of CE Hours Requested _____
Program Date(s) and Time: _____	Location _____

**Program Description:** (A program outline, including times for all portions of the program and any breaks must be attached)

**Method of Instruction:** (check all that apply)

**Self Study:**  audio  audio/video  exam  book/printed material  online  
(attach study materials and exam samples & procedures)

**Classroom:**  lecture  panel discussion  video/teleconference  workshop  
(indicate # of hours for each section on outline)

*Program Facilitator/Instructor(s): _____ _____	Faculty/Instructor(s) Company, Address & Phone _____ _____ _____
---	---

\*Include biographical information on each.

**Who is to Certify Attendance:**  Sponsor  Instructor  Other  
(sample certificate of attendance attached with certifier's name and address)

**Will this program be open to all licensees?**  Yes  No

If approval is granted, how do you feel attendance will aid the licensees in service to the public?

*This form must be filed with the Board not less than thirty (30) days prior to the date of the program. Without adequate information, the Board cannot grant approval. Attach additional information that would be helpful to the Board in determining approval. Any change in a program after approval is granted shall be approved by the Board. Failure to do so shall be grounds for revocation of approval.*

*I certify information contained in this form including the attached documentation is complete and correct.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Complete this form in its entirety and submit one complete packet to the above address.

**For Board Use Only**

CE Course status: