



# Application for Continuing Education Credit (CEC)

10 CECs Required Annually for Renewal of the C.E.A.C. Credential. The applicant is responsible for securing proof of attendance and contact hours from the sponsoring organization or course/seminar instructor.

Registrant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_ Fax: \_\_\_\_/\_\_\_\_/\_\_\_\_ Email: \_\_\_\_\_

In completing this application for continuing education credit, supporting documentation is required for submissions. For certain activities there is a limit of CECs accepted as noted below.

A SEPARATE form must be submitted for each activity.

Activity	CECs Requested
Course by Healthcare Association (limit 10 CECs)	____ Contact hours @ 1 CEC per hour = ____ CECs
Course by College or University (limit 8 CECs)	____ Contact hours @ 1 CEC per hour = ____ CECs
Course by Manufacturer (limit 6 CECs)	____ Contact hours @ 1 CEC per hour = ____ CECs
In-Service by Manufacturer (limit 6 CECs)	____ Contact hours @ 1 CEC per hour = ____ CECs
Online Education (limit 10 CECs)	____ Contact hours @ 1 CEC per hour = ____ CECs
Educational / Technical Presentation (limit 10 CECs) <small>(detailed presentation outline required)</small>	____ Contact hours @ 1 CEC per hour = ____ CECs

Please provide all pertinent information:

Course/Seminar/Event Title: \_\_\_\_\_

Sponsored by: \_\_\_\_\_

Course/Seminar/Event Location: \_\_\_\_\_ Date: \_\_\_\_\_

Instructor's Name (please print): \_\_\_\_\_

Instructor's Signature: \_\_\_\_\_