

# CONTINUING EDUCATION UNITS (CEU) REPORT FORM

STAFF MEMBER'S NAME \_\_\_\_\_ CEUs \_\_\_\_\_  
To be filled in by Director of Education

<input type="checkbox"/> VIDEO/DVD/CD _____ Time	<input type="checkbox"/> BOOK _____ # Pages	<input type="checkbox"/> CLASS/COURSE _____ Time
<input type="checkbox"/> COLLEGE COURSE _____ # of Credit Hours	NAME OF COLLEGE _____	
Title _____	Date completed _____	
Publisher _____	Author/Speaker/Teacher _____	

Use the rest of this page to explain **what you learned** from the video, book, class, or course **and how it will help you improve what you do in your ministry**. Attach a copy of any notes provided with the course. Mail to Rita at the State Headquarters within one week of completing the video, book, or class. Thank you.

