

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 that 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.