

Continuing Education Verification

Authorized Minister's Name: _____

Name of Program: _____

Date(s) of program: _____

Number of Contact Hours*: _____

Number of CEU's requested* _____

Verification of attendance (this could be a copy of a sign-in sheet, a signature from the program sponsor, a receipt, etc.):

Detail how this program can be applied to the performance of ministry: _____

Please attach a description of the program, an agenda, handouts, a link to the promotional materials, etc.

*Contact Hours and CEU's awarded are not always equivalent: please see the implementation guidelines at the Southern Association website:

www.sascnucucc.com