



**Application for Continuing Education Credit for
Conference Attendance**

CE Coordinator USE ONLY

Approved By: _____

Entered on: _____

Please fill out this form completely and send it to Joy Worland at joy.worland@vermont.gov to receive Credit.

*Note: The number and distribution of Continuing Education Units will depend on the conference, with a limit of **12 CEUs** total in all cases.*

Your Name: _____

Name of Conference Attended: _____

Course or Presentation Title: _____

Instructor Name: _____ **Instructor Signature:** _____

Date: _____ **Length of time:** _____

Course or Presentation Title: _____

Instructor Name: _____ **Instructor Signature:** _____

Date: _____ **Length of time:** _____

Course or Presentation Title: _____

Instructor Name: _____ **Instructor Signature:** _____

Date: _____ **Length of time:** _____

Course or Presentation Title: _____

Instructor Name: _____ **Instructor Signature:** _____

Date: _____ **Length of time:** _____

Course or Presentation Title: _____	
Instructor Name: _____	Instructor Signature: _____
Date: _____	Length of time: _____
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Course or Presentation Title: _____	
Instructor Name: _____	Instructor Signature: _____
Date: _____	Length of time: _____
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Course or Presentation Title: _____	
Instructor Name: _____	Instructor Signature: _____
Date: _____	Length of time: _____
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Course or Presentation Title: _____	
Instructor Name: _____	Instructor Signature: _____
Date: _____	Length of time: _____
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Course or Presentation Title: _____	
Instructor Name: _____	Instructor Signature: _____
Date: _____	Length of time: _____

PLEASE READ AND SIGN BELOW

I affirm that the information above is complete and accurate.

Attendee Printed Name: _____	Attendee Signature: _____
Date: _____	