



STATE BOARD CONTINUING EDUCATION UNIT APPLICATION INSTRUCTIONS

- *Please read instructions prior to completing the application.*
- *Please type all information onto form, rather than write or print on form.*
- *The state requires a minimum of ten (10) days prior to the beginning date of the program for approval of the SB-CEU. This does not include the time required by CMU to review and submit the application.*

Update/Renewal Application Instructions

Complete items numbered 1-6 and 12 as well as the signature section located on page 1 of the application. Also complete the dates and locations on page 2. You need only to submit pages 1 and 2 for an update or renewal. If there is a change in presenter(s), please submit appropriate presenter information.

New Program Application Instructions

- 1. Organization/Contact:** Name of company/organization to offer the program, name of person to serve as contact to Central Michigan University, and contact phone number.
- 2. Sponsor ID Number:** Assigned by the Michigan Department of Education (Central Michigan University's ID number).
- 3. Program Number:** Approval number assigned by the Michigan Department of Education when the application is approved.
- 4. Number of the SB-CEU:** Determined by dividing the number of contact hours (training hours) by 10 and indicating it to the tenth decimal place (i.e., 1.0, .5, 2.4). Do not round decimals; thus, 18 hours of training equals 1.8 SB-CEU. Applications must have a minimum of three hours of training (after breaks, meals, welcome, etc.). You may want to build in flexibility in your agenda to allow for any unexpected circumstances, i.e., snow day, power outage, family emergency, etc. For example, if you have 12 contact hours and are applying for 1.2 SB-CEU, you may wish to apply for 1.0 SB-CEU. By doing this, participants are still able to earn the SB-CEU instead of forfeiting the entire SB-CEU award if they miss any part of the program.
- 5. Program Title:** Please keep title under 35 characters. Longer titles are lost due to data input limitations.
- 6. Date:** Date application is submitted to Central Michigan University.
- 7. Target Audience:** Check all boxes that apply.
- 8. & 9. Needs Assessment:** May be an informal or formal assessment. Planning meetings involving representatives from target populations will satisfy this part of the application. Indicate the month and date that the meeting occurred.
- 10. Presenter(s):** The number of presenters is limited to 99. If a conference, list number of keynote speakers only. Please submit the following background information: name(s), highest degree earned, business address, telephone number, employer, and presenter's area of expertise.

- 11. Conference:** Enter a “2” if the program is a traditional workshop, inservice, or training session. Enter a “1” if the program is structured like an annual conference with break out sessions at different hours. Conferences may earn a maximum of 2.5 SB-CEU.
- 12. Program Descriptors:** Choose a two-digit descriptor code that generally describes the training. Enter at least one, but not more than two, numbers from the program descriptor sheet. See page 4 for selected codes.
- 13. Training Dates:** On line 1, type the first day of training under “begin date” and the last day of training under “end date.” If the training is only one day, the beginning and ending dates will be the same. If the training spans more than one day, list the range (i.e., 5/8/03 to 7/8/03). This range is considered one offering. If the same training will be repeated in total, then list each repetition on a different line. Four repetitions, for example, would be listed on lines 1, 2, 3 and 4. Use county code numbers to indicate where the training will occur. County codes are listed on page 5.
- 14. College Credit:** Enter “1” if option exists for college credit (identify college). Enter “2” if the training allows the SB-CEU, but not college credit. If the option exists for college credit, it is important that the sponsor type the following phrase on the application form:
Participants are eligible for either the SB-CEU or college credit, but not both because it is a duplication of credit.
- 15. Program Offerings:** Enter “1” if the entire program will be offered once. If the same training will be offered more often, then list the number of times. Every repetition of the training is considered another offering. Finally, all offerings must provide the same content, number of contact hours, and number of the SB-CEU.
- 16. Contact Hours:** The actual time used for instruction. One contact hour equals 60 minutes. Do not count welcomes, breaks, lunch or dinner speeches, homework, preparation time, registration, organizational functions, or similar non-instructional activities. ***Use whole numbers and round down, not up.***
- 17. SB-CEU Registrants:** Number of people expected to register for the SB-CEU.
- 18. Originating District & Contact Person:** Please complete this section if the originating school district is submitting the application to the local ISD or ISD consortium for pre-approval.

Signatures: All signatures on page 1 must be original, not stamped or photocopied.

SB-CEU Program Sponsor: Signature of the authorized SB-CEU individual (Central Michigan University contact). Other persons assisting in the coordination and training should not sign.

ISD Pre-approval: Signature of the authorized SB-CEU pre-approval coordinator for the ISD.

- 19. Dates/Location:** Complete one section for each time a program is offered. List facility name and address and the month, day, year, and time of each offering.
- 20. Program Goals, Content, etc.:** Provide all information as requested.



Send completed application to: SB-CEU APPLICATION, Educational & Professional Development, Central Michigan University, Off-Campus Programs, 802 Industrial Drive, Mount Pleasant, MI 48858. Phone (800) 950-1144, ext. 7129 or (989) 774-7129. Fax (989) 774-1188.