



Continuing Professional Development Board Organization Application

- 1) Name of Organization: _____
- 2) Program Chairperson: _____
- 3) Address: _____
- 4) Phone Number: Work: _____ Fax: _____ Email: _____
- 5) Program Title: _____
- 6) Program Objective: _____
- 7) Brief Description of program: _____

- 8) Program Location: _____
- 9) Date of program: _____
- 10) Total number of hours available: _____
- 11) Target Population VRPS Service Area(s): Central East North Southwest West Statewide Regional
- 12) Number Expected: Maximum _____ Minimum _____
- 13) Participate Fee: _____
- 14) Evaluation Procedure (include form): _____
- 15) Please attach the following information:
 - a) All promotional information being used to advertise program including brochure or listing of times, topics and speakers, etc.
 - b) Complete speaker data form
- 16) Educational Affiliation: _____
- 17) Agency responsible for recording and reporting ceu's: _____
- 18) Location of permanent records (address and contact person): _____

