



CONTINUING EDUCATION COURSE APPROVAL

All requests must be submitted a minimum of 30 days before the beginning date of the course. Please allow two (2) weeks for this office to review a CE course approval request. Written notification will be supplied to the individual or organization requesting the course approval after it is completed by this office. A non-refundable fee of \$25 per profession per course must be submitted with any CE course review request for approval. If you need aid, please call 601.364.7360 or email: MSDHProfLicensure@msdh.ms.gov.

Requestor Name: _____ Submission Date: _____

Organization Name: _____ Requestor's Email: _____

Address: _____ Phone: _____

1. Course Title: _____

2. Course Description:

[Empty text box for course description]

3. Requested Number of CEUs: _____

4. Agenda for the Course:

[Empty text box for agenda]

5. Course Objectives:

[Empty text box for objectives]

6. Mode of Delivery In Person Online Hybrid Other (specify): _____

7. Targeted Audience _____

8. Proposed Date(s): _____ Time(s): _____

9. Location(s): _____

10. How will this course address an educational need and benefit the attendees? Please be specific regarding knowledge or skill acquisition.

[Empty text box for educational need]

11. Presenter(s) Name(s):

12. Attach vitae/resumes of each presenter.