



Please complete the following information and provide the necessary documentation.

General Member Name		CRDHA ID#
Phone Number		Email

Name of Course: _____

Name of Sponsoring Organization: _____

Name of Organization Contact Person: _____

Name of Speaker(s): _____

Course

Date	Location	Hours: Please indicate any significant breaks (e.g., 9:00 am - 4:30 pm (1 hr. lunch) - total instructional hrs: 6.5)
1.		
2.		
3.		

Please provide attachments for the following: Detailed Curriculum Vitae of Speaker(s)
Detailed Course Content
Detailed Course Objectives

For Internet/Online/Video Courses:
Is there a post-test evaluation? Yes No

Have you received approval by other organizations for this specific course?
eg. CERP, PACE, etc. Yes No

If Yes – Please indicate which organizations and hours awarded by that organization: _____

Relevant scientific references/sources may be requested – please provide any you think may be necessary.

Please be advised that this submission must be submitted at least 60 days prior to the anticipated course date to allow adequate time for the competence committee to determine credit hours.