Office Use Only

MDHHS OFFICE OF RECIPIENT RIGHTS

APPLICATION FOR CONTINUING EDUCATION CREDIT

APPLICANT (ORGANIZATION OR INDIVIDUAL)	
APPLICANT'S CONTACT INFORMATION EMAIL PHONE ADDRESS CITY/ZIP	
COURSE TITLE	
COURSE DATE	
COURSE LOCATION	☐ **CHECK IF ONLINE PRESENTATION**
COURSE PRESENTER	
CREDITS REQUESTED	
COURSE DESCRIPTION	
COURSE OBJECTIVES	**1.** **2.** **3.** **4.**
REQUESTED CATEGORY	☐ **CATEGORY I (OPERATIONS)** ☐ **CATEGORY II (LEGAL FOUNDATIONS)** ☐ **CATEGORY III (LEADERSHIP)** ☐ **CATEGORY IV (AUGMENTED)**
DESCRIBE HOW THE CONTENT OF THE PROGRAM RELATES TO RIGHTS	

***PLEASE ATTACH A DETAILED AGENDA**