

CEU Request Form

DATE of Event: _____

TITLE of Event: _____

NAME of Person Requesting: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

E-MAIL: _____

PLEASE LIST BELOW ALL OF THE SESSIONS YOU ATTENDED (continuing on the back if more space is needed) *including the beginning time and ending time of each session for which you are requesting CEUs:*

SIGNATURE: _____ DATE: _____

Place completed form in the designated place when the conference is finished. If you choose to mail the form back, please do so within two (2) weeks of the last day of the conference using the following address: Continuing Education, Louisville Presbyterian Theological Seminary, 1044 Alta Vista Rd., Louisville, KY 40205-1798. If you have questions or need more information, please call 502-895-3411 or 1-800-264-1839, ext. 291 or email: drohde@lpts.edu. (NOTE: For questions regarding CEUs for Marriage and Family Therapy sessions, call 502-895-3411 or 1-800-264-1839, ext. 3631 or email: btimerding@lpts.edu. CEUs are given on the basis of 0.01 unit per one hour of class time.