



REQUEST FOR CEU CERTIFICATES

Date: _____

Agency: _____

Contact person: _____

Address: _____

Telephone _____ E-mail: _____

Name of course _____

CEU approval number: _____

Category: _____ Number of CEUs _____

Date course completed: _____

Number of names included: _____

Amount enclosed: _____

Please send to:

**Joyce Hollman
88 Berkshire Road
Newtonville, MA 02460-2404**

Submittal checklist: Please be sure you have included the following:

_____ check

_____ summary of evaluations

_____ list of participants

_____ request for CEU certificates (this paper)

Office Use Only

Date Received _____

Date sent _____

Amount received _____