CONTINUING EDUCATION COURSE APPROVAL FORM

1. Name / Sponsor: _____

2. Address: _____

3. Name and E-mail address of Contact Person: _____

4. Address / Phone: _____

5. Name of Course: _____

6. Contact Hours: _____

7. Date and Time Offered: _____

8. Course Description:

9. Target Group: _____

10. Instructor / Qualifications:

11. Goals of Course:

12. Method of Instruction: _____

13. Student / Instructor Ratio: _____

14. Please include a course outline/syllabus or any other pertinent handouts.

    Applications should be e-mailed to info@akapta.org.

    Pay the $25 Review Fee online.

Reviewed by: _____   Date: _____

Approved / Not Approved: _____   If Not Approved, Why? _____

_____

CEU's Granted: _____

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