

Request for Post-Approval of Continuing Education Units

Board of Ordained Ministry
East Ohio Conference

Name _____

Address _____
Street address City/Town Zip Code

Telephone _____ Email _____ District _____

Continuing Education Event: _____

Location: _____ Dates _____

Sponsoring Organization _____

What were your learning outcome goals for this event? _____

Number of hours you spent to prepare for event: _____

Number of contact hours during event: _____

Number of CEUs requested: _____

What post-event activities did you complete (Did you have a specific goal to use the learning outcomes from this event in your ministry)?

How did you use any of these outcomes in your local church? Is this documented?

Describe the success of using these outcomes in your ministry.

Would you recommend this or a similar program to others? _____

What areas of interest do you have for future Continuing Education programs?

Please complete and return this form with a descriptive brochure, the presenter and presenter's qualifications, and/or other information that will be helpful in evaluating the program to:

Rev. Janice L. Coffman
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Coshocton, OH 443812
740 622 1302
E-mail: rev.jan2@gmail.com