Sponsoring Organization's Request to Award
Board of Ordained Ministry Continuing Education Units

Board of Ordained Ministry
East Ohio Conference

Name of Person submitting request _____

Address _____
Street address City/Town Zip Code

Telephone_____ Email _____

Sponsoring Organization: _____

Address _____ Phone _____

Title for this Education Event: _____

Location: _____ Dates _____

List the learning goals for this event: _____

_____

_____

Estimated number of hours needed for participants to complete required preparation, if any,

for the event: _____

Number of contact hours during event: _____

Number of CEUs requested: _____

What post-event activities are expected of participants?

_____

_____

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

Rev. Janice L. Coffman
Coshocton Grace UMC
1626 Marion Drive
Coshocton, OH 443812
740 622 1302
E-mail: rev.jan2@gmail.com