

# Request for Post-Approval of Continuing Education Units

Board of Ordained Ministry  
East Ohio Conference

Name \_\_\_\_\_

Address \_\_\_\_\_  
Street address City/State Zip Code

Telephone \_\_\_\_\_ Email \_\_\_\_\_ District \_\_\_\_\_

Sponsoring Organization: \_\_\_\_\_

Continuing Education Event: \_\_\_\_\_

Location: \_\_\_\_\_ Dates: \_\_\_\_\_

What were your learning outcome goals for this event? \_\_\_\_\_

Number of hours you spent to prepare for 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 program to others? \_\_\_\_\_

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:

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