Continuing Education Credit Request Form

A) I am requesting Continuing Education Credits (CEUs) for the following workshop/course/seminar:  (One form per workshop per CEU request)

Title______________________________________ Presenter____________________

Date_________________________  Location_________________________________

Starting Time_____________________  Ending Time_____________________

Total CEUs requested for this workshop:____________

B) Please Check:

___ I have enclosed a check made payable to WNYLRC for the amount of $7.00.

C) Please send the certificate validating the CEU(s) to the following address:

Name____________________________________ Title____________________

Organization Affiliation______________________________________________

Phone #________________ Fax #________________ Email________________

Mailing Address:

Street: _____________________________________________________

City:____________________________________ State:______________

Zip code_______________________

Signature:_______________________________________________________

Office Use

Approved By:

Date:_______________ WNYLRC Representative__________________________________