

Education Provider

Continuing Education Program Application

To ensure that each of your upcoming seminars, webinars and other presentations are noted in a timely manner on the FCSI—The Americas web site, we ask that you send this completed form to association headquarters each time you wish to update your announcements and schedules.

Be aware that if the content or duration of your program changes, a different number of CEUs may be assigned. Also, please use this form if you wish to submit a new program for review and inclusion in your portfolio of offerings.

This form must be completed by FCSI Education Providers and submitted for each program.

Program Title

This program is ☐ New ☐ Revised ☐ Unchanged from last year CEUs Requested:

Education Provider Name (Please list all Brands being represented in the program)

Please indicate the type of program (check all that apply): ☐ Set-date ☐ Flexible date ☐ "Your place" ☐ Webinars

Date(s) program is/are offered

Education Provider Contact Name

Address Where Program is Being Held

City

State

Zip

Phone

Fax

E-mail

Administrative Contact Name (if different from above)

Phone

E-mail

Who will benefit by attending this program?

Please **attach the program agenda** with start and stop times, refreshment and meal breaks, breaks, presenter biographies and details on topics to be presented; the more details the better. Attach additional pages if necessary.

Learning Objective Each program must have a learning objective related to the practice of consulting. This should be a clear statement of what you want the consultant to learn and must be clearly defined and communicated to participants prior to offering the program.

What will FCSI Consultant members know/be able to do after they attend this program?

Please return completed form to:

FCSI—The Americas
c/o Kimberly Kissel
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