

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 _____

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
 3309 Robbins Road #171
 Springfield, IL 62704-6587

309.808.2165 office
 309.585.2992 fax
 kimberly@fcsi.org
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