

BERGEN COUNTY SPECIAL SERVICES

REQUEST FOR CONTINUING EDUCATION CREDITS (CEU) FORM

Date: _____

Section A (to be completed by Occupational Therapist, Physical Therapist, or Speech Language Specialist)

Name: _____ Program: _____

Provider: _____

Date CEU is to be taken: _____

CEU Title: _____ CEU (Course) Number: _____

Number of CEU credits to be taken: _____ Number of CEU credits approved to date since last degree level: _____

CEU to be taken is listed on my current PIP and is being taken to fulfill Professional Development hours? Yes _____ No _____

CEU to be taken for additional credit or lateral increment? Yes _____ No _____

Employee

Date

Section B (to be completed by Program Administrator)

Request for CEU is: _____ Approved _____ Denied _____

Signature of Program Administrator _____ Date: _____

Please retain a copy of this completed form and send the original form along with a copy of CEU(s) description to the Office of Human Resources
