

# Indiana Association of Prevention Professionals Training Request Form For CEU Approval

Training Name \_\_\_\_\_

Date of training \_\_\_\_\_

Presenter Name \_\_\_\_\_

Credentials \_\_\_\_\_

Objectives: \_\_\_\_\_

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Agenda: \_\_\_\_\_

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

5 \_\_\_\_\_

6 \_\_\_\_\_

7 \_\_\_\_\_

8 \_\_\_\_\_

Number of CEU's \_\_\_\_\_

Requested: \_\_\_\_\_

Approved by: \_\_\_\_\_

Please attach any additional information (brochures, etc.)  
that will help IAPP determine number of CEU's