CEU PROGRAM PACKET FORM

Continuing Education and Conferences

UNIVERSITY OF
SOUTH CAROLINA

USC departments, non-profit, government, or corporate/business/industrial/private organizations may submit a CEU Program Form to have instructional programs certified for USC CEUs for a variety of educational or training purposes.

SPONSOR

1. Sponsoring Unit (University)	**2. Educational Program Provider** *(if different from Sponsor #1)*
3. Contact Name	
4. Address	
5. City/State/Zip	**6. Phone**
7. Email	**8. Fax**
9. Website	
11. Authorizing Department Head	**12. Date**
13. Signature* (*waived if submitted via email***)**	

COURSE / PROGRAM INFORMATION

1. Proposed Program ☐ Initial Application   or   ☐ Renewal Application (*Previous course #: _____*)

*If <u>renewal</u>, please make any changes to course information below. If none, complete program information.

2. Program Title

3. Program Description
Attach documents as needed

Submit CEU Program Packet Form to:

Fax: (803) 777-2663   E-mail: pep@mailbox.sc.edu

Mail: USC—Continuing Education & Conferences
         1600 Hampton Street, Suite 403
         Columbia, SC 29208

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4. Learning Objectives	

5. How does this program align with the University's mission?	

6. Summary of Needs Assessment and University Engagement in Program	

7. N. American Industry Classification System (NAICS) and Standard Occupational Classification (SOC)

    NAICS   Code: _____   *(osha.gov)*   SOC   Code: _____   *(bls.gov/soc)*

8. Delivery Method(s)
(Check all that apply)

☐ Institutes ☐ Conference ☐ Correspondence ☐ Other
☐ Classroom ☐ Workshop ☐ Online
_____
_____

9. Program Content Level
(Please check only one)

☐ 100-Overview ☐ 300-Application
☐ 200-Understanding ☐ 400-Mastery of Subject Matter

10. Summary of Course Completion Requirements

11. Instructional Time   Total Clock Hours: _____   Requested CEUs (clock hours/10): _____

12. Does your program allow participants to register in advance? *(required)*   ☐ YES   ☐ NO

PROGRAM

1. Program Title

2. Begin Date: **End Date:**

3. Estimated Number of Participants

4. Instructor Name   *Attach biography/resumé*

5. Program Location (Facility, City, & State)

Attach Support Documentation
    Required: Resumé/CV of Instructor/Instructors
                      Course Outline (15 minute increments)
                      Participant Evaluation Template

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USC DEPARTMENTS ONLY

Documentation   Listed below are 3 options for Packet Submission and Processing:
Please select preferred option below:

☐ Sponsor will provide documentation of completion within 14 days of Course End Date and submit participant records electronically to CEC. Sponsor will create and mail certificates of completion to participants.
   $20 Program Fee
   Submit copy of certificate

☐ Sponsor will provide documentation of completion within 14 days of Course End Date and submit participant records electronically to CEC. CEC will process and mail certificates of completion to participants.
   $20 Program Fee + $5 per participant certificate

☐ Sponsor will submit Permanent Record Form for each participant to CEC within 14 days of Course End Date to process and CEC will mail certificates of completion to participants.
   $20 Program Fee + $5 per participant

PAYMENT

Instructions:

Please complete this form for payment of program fees and submit with the CEU Program Form. USC Departments please provide the Department Number, Fund, and Class Code for payment by IIT.

Intra-Institutional Transfer

Code	Dept. Number	Fund	Class

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       Columbia, SC 29208

Fax: 803-777-2663
Email: pep@mailbox.sc.edu

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<u>PAYMENT</u>

Please complete this form for payment of Program Fees and submit with CEU Program Form.

<u>Check One</u>	<u>Provider/Sponsor Type</u>	<u>Program Fee</u>
☐	Non-Profit Organization	$100 for up to 10 participants + $10 for each additional over 10*
☐	Government Agency	$100 for up to 10 participants + $10 for each additional over 10*
☐	Business	$125 for up to 10 participants + $10 for each additional over 10*

Program fee due at CEU Program Application. Additional fees due at conclusion of program with packet submission.

CEC OFFICE USE ONLY

DATE _____ MTH _____ $ _____ APPVL _____ A _____ CC4 _____ Exp _____

Payment   *Please indicate your payment method and information below.*
USC's Federal Tax I.D. Number is 57-6001153.

☐ Check/Money Order (Made Payable to USC)   ☐ Visa   ☐ Mastercard   ☐ Discover   ☐ American Express

Name on Card _____   Amount to Charge $_____

Cardholder's Signature _____   Today's Date _____

Card Number _____   CVV Number_____   Expiration Date _____

Do not scan and email this form with credit card information. It is not secure and will not be accepted.

RETURN COMPLETED PACKET TO:
Continuing Education and Conferences
University of South Carolina
1600 Hampton Street, Suite 403
Columbia, SC 29208
Credit Card payments only can be faxed to: (803) 777-2663

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SPONSOR REQUEST

Request for CEC Sponsorship

Organizations outside of the University requesting Continuing Education & Conferences to sponsor a CEU Program, please complete this page and submit with the CEU Program Form.

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1. Education Provider Name

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2. Applicant Type ☐ Non-Profit Organization ☐ Business ☐ Government Agency

ID#: _____

3. How does your organization align with the University?

4. Have you previously provided continuing education programs through USC? ☐ YES ☐ NO

5. Partner organization must be located within the state of South Carolina, provide training within the state of South Carolina, or be affiliated with a USC department.

Does your organization meet this criteria? ☐ YES ☐ NO

Please explain: