



**Universal Foundation for Better Living
Johnnie Coleman Theological Seminary
Credentials and Certification Department**

CEU (Continuing Education Unit) Approval Form

Please complete and submit this form to the UFBL Credentials and Certification Department for all CEU activities. **Submit one form per activity.**

EMAIL To: ehcoleman@jctseminary.org

DATE OF REQUEST: _____ TOTAL NUMBER OF FACE TIME HOURS: _____

REQUESTOR'S INFO:

Name _____

Address _____

Day Phone _____ Evening Phone _____ E-mail Address _____

ACTIVITY (Check Type): Approval Required Pre-Approved

Name of Activity _____

Sponsor/Instructor/Presenter _____

Location _____

Dates _____

Brief Description of Activity (Attach all pertinent information such as course descriptions, pamphlets, brochures, etc.)

SPONSOR SIGNATURE: _____ DATE: _____

APPROVAL: All CEU's will be awarded upon the receipt of all records/documents of completion.

Evelyn Hill Coleman

Evelyn Hill Coleman, Dean
JCTS Credentials and Certification Department

_____ # of CEU's

_____ Date

Office Use Only: # CEU's Awarded _____ Date _____ CEU Period _____ License Period _____ Initials _____