



CONTINUING EDUCATION UNIT REQUEST FORM for class/course credit

Name: _____

Phone: _____ E-mail: _____

Workshop or Course Name: _____

Start Date _____ End Date: _____ # of Classroom/Contact hours _____
See unityworldwideministries.org for class hour : credit conversion information

Location: _____

How does/did this workshop/course enhance your skills/work/role in ministry?

Check one:

SEE/Ministerial course, regional workshop, convention workshop, or other **PRE-APPROVED COURSES****

PRE-APPROVAL REQUEST for credit in a **NON-UNITY TRAINING****
 You will be notified of approval by e-mail and submit documentation of attendance with a copy of your approval e-mail.

CEU credit for **TEACHING AN APPROVED COURSE. (1ST TIME ONLY) ****

EVENT ATTENDANCE** required by Credentialing for an LUT candidate

**** ATTACH A FLYER, CATALOG PAGE, REGISTRATION FORM OR OTHER SIMILAR DOCUMENTATION**

APPROVED BY: _____

OF CREDITS: _____

DATE: _____

Return to: Unity Worldwide Ministries, Denise Boehm, Admin. Assistant, Member Services
 PO Box 610, Lee's Summit, Mo. 64063 816-434-6895, FAX 816-817-8355, DBoehm@unity.org