



Missouri Commission for the Deaf and Hard of Hearing
 3216 Emerald Lane, Suite B Jefferson City, MO 65109
 (573) 526-5205 (573) 526-5209 Fax

Continuing Education Activity Plan (Application for Sponsorship)

Name:
Address:
City, State:
Fax:
Phone:
E-mail:
Title of Activity:

I understand that to request sponsorship of CEUs from the MCDHH and I must complete and submit:

1. Signed application for CEU Sponsorship (this page – electronic signatures accepted)
2. Sponsor Form (page 2 of this application)
3. Instructor Form (page 3 of this application)
4. A copy of the workshop advertisement meeting the criteria below.
5. \$10 money order or cashier’s check for RID Workshop Processing Fees per 5 CSR 100-200.150(1n), made payable to MCDHH/BCI Fund

To ensure approval, forms must be received at least 30 days prior to the workshop.

Workshop advertisements must:

1. The RID CMP and/or ACET logo. Copies of the logos will be provided for the RID Sponsor and may be reduced or enlarged to fit the design of the promotional materials.
2. The following paragraph: **MCDHH is an Approved RID CMP Sponsor for Continuing Education Activities. This [Content Area] program is offered for [#] CEUs at the [Knowledge Level] Content Knowledge Level.**
3. Information on the educational objectives of the activity. This information may take a variety of formats and depth of detail.
4. Information on the refund and cancellation policy of the Sponsor. It is acceptable to print contact information to learn of these policies, rather than the entire policy.
5. The target audience, as described in the Continuing Education Activity Plan.
6. A solicitation request for reasonable accommodations.
7. A statement identifying the policies on non-discrimination and promoting an environment mutual respect and free from bias.

Sponsorship is subject to MCDHH approval of activity. Workshop coordinator must:

- Complete and return the evaluation summary and all Activity Report Forms to MCDHH **within 30 days of the event date.**
- Inform MCDHH if there were not any RID participants **within 30 days of the event.**
- Promptly inform MCDHH if the event is cancelled.

Signature of Requestor:	Date:
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FOR OFFICE USE ONLY

Date Received:

Payment Received/Payment #:

Received By:



Continuing Education Activity Plan Sponsor Form

It is recommended, but not required, that this activity be submitted ONLINE at myaccount.rid.org at least 30 days prior to the start of the activity. A copy of this form along with the Activity Plan Instructor's form must be kept on file for future auditing purposes.

Name of Approved Sponsor: **MCDHH**

Activity Number:			

Subject code (choose one):

01 Medical	02 Mental Health	03 Drugs/Alcohol	04 Legal
05 Educational (K-12)	06 Educational (Post-Secondary)	07 Deaf-Blind	08 Oral
09 Performing Arts	10 Business Practices	11 Tri-Lingual	12 ASL/Linguistics
13 Deaf Culture	14 Mentoring/Teaching	15 Sign to Voice	16 Team Interpreting
17 Religious	18 Ethical	19 Transliteration	20 Visual/Auditory
21 Memory Building	22 Deaf	23 Voice to Sign	24 Other
25 Ergonomics	26 Video	27 Repetitive Motion Injury	28. PPO

Activity Title:	
Location:	
City:	
State:	
Instructor(s) Name(s):	

Contact Person(s):		Contact Phone:	
Email:		Website:	

Who is the target audience?

Is this program open to the public?

Date	Start Time (am/pm)	End Time (am/pm)	Breaks

Total Number of Continuing Education Credits (CEUs) to be awarded to each participant: _____

(Typically 1 hour = .1 CEUs, not including breaks)

Content Area:	Participants Prior Knowledge of Topic:	Participating Programs:
Professional Studies (PS)	Little/none	CMP only
General Studies (GS)	Some	ACET only
	Extensive	CMP & ACET both
	Teaching	

This section will be completed by sponsor; you do not need to sign and date the boxes below.

As the RID Approved Sponsor for this RID activity, I certify that the above information is accurate and will be filed ONLINE with RID through myaccount.rid.org prior to the start of the activity.

Signature of RID Approved Sponsor:

Date:



Continuing Education Activity Plan Instructor's Form

This form is to be completed by either the instructor or RID Sponsor and attached to the Sponsor Form. It is recommended, but not required, that this activity be submitted by the RID Sponsor ONLINE at myaccount.rid.org at least 30 days prior to the start of the activity.

RID Sponsor Name: **MCDHH**

Presenter/Instructor Name (Please attach Bio/Resume):

Date(s)/Time of Activity:

Title of Activity:

Level of Participant's Prior Knowledge of Topic:

<input type="checkbox"/>	Little/none	<input type="checkbox"/>	Some	<input type="checkbox"/>	Extensive	<input type="checkbox"/>	Teaching
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Target Audience:

Workshop/Course Description:

Educational Objectives (List specific observable actions by participants that will demonstrate comprehension and integration of information presented.)

Media/Materials (List the print, audio and visual materials you will use and who is responsible for providing them.)

Evaluation & Assessment (Describe how you will evaluate student learning & presentation effectiveness *during the presentation.*)