

External Education CE Approval Request

Course Title:

Course Description:

Learning Objectives: **Must have at least three objectives.*

- 1.
- 2.
- 3.
- 4.
- 5.

Date(s) of Event:

**Speaker Name(s)
and Credentials:**

Number of CE's Provided: **Anticipated Number of Presentations:** 1 2-4 5+

Live or Recorded Content: Live Recorded Both

All are attendees ADHA members? Yes No Unsure

What is the registration fee?

Is this program sponsored? Yes No

If yes, who is the sponsor?

Does the sponsor influence the content or speaker? Yes No