



Continuing Education Program Workshop/Seminar Application

Instructor(s): _____

Address: _____

Telephone: _____ Email: _____

Qualifications for teaching this course (Subject knowledge/experience/curriculum vita-describe or attach): _____

Workshop/seminar title: _____

Target audience: _____

Prerequisites (if any): _____

Program goal: _____

Learning objectives: _____

Length of workshop: Full day Half day (morning or afternoon) 1 hour conference workshop

Agenda/outline (describe or attach): _____

Instructional methods/method of delivery: _____

Learning materials to be provided (describe or attach): _____

Facility needs: _____

Bibliography/reference list: Please attach a copy of resources that support the workshop objectives

Assessment of learning: Please attach a copy of quiz or other assessment activity, if applicable.

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