

CEU PROGRAM PACKET FORM

Continuing Education and Conferences



USC departments, non-profit, government, or corporate/business/industrial/private organizations may submit a CEU Program Form to have instructional programs certified for USC CEUs for a variety of educational or training purposes.

SPONSOR

1. Sponsoring Unit (University)		2. Educational Program Provider <i>(if different from Sponsor #1)</i>	
3. Contact Name			
4. Address			
5. City/State/Zip		6. Phone	
7. Email		8. Fax	
9. Website			
11. Authorizing Department Head		12. Date	
13. Signature* <i>(waived if submitted via email)</i>			

COURSE / PROGRAM INFORMATION

1. Proposed Program <input type="checkbox"/> Initial Application or <input type="checkbox"/> Renewal Application <i>(Previous course #: _____)</i> <i>*If <u>renewal</u>, please make any changes to course information below. If none, complete program information.</i>	
2. Program Title	
3. Program Description <i>Attach documents as needed</i>	

Submit CEU Program Packet Form to:

Fax: (803) 777-2663 E-mail: pep@mailbox.sc.edu
Mail: USC—Continuing Education & Conferences
1600 Hampton Street, Suite 403
Columbia, SC 29208

Office Use Only

Course Code: _____
Fees Paid \$ _____ Rcpt _____
Approvals PC _____ AD _____
CEC Director _____



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4. Learning Objectives

5. How does this program align with the University’s mission?

6. Summary of Needs Assessment and University Engagement in Program

7. N. American Industry Classification System (NAICS) and Standard Occupational Classification (SOC)

NAICS Code: _____ (osha.gov) SOC Code: _____ (bls.gov/soc)

8. Delivery Method(s) Institutes Conference Correspondence Other
(Check all that apply) Classroom Workshop Online _____

9. Program Content Level 100-Overview 300-Application
(Please check only one) 200-Understanding 400-Mastery of Subject Matter

10. Summary of Course Completion Requirements

11. Instructional Time Total Clock Hours: _____ Requested CEUs (clock hours/10): _____

12. Does your program allow participants to register in advance? (required) YES NO

PROGRAM

1. Program Title

2. Begin Date: _____ **End Date:** _____

3. Estimated Number of Participants

4. Instructor Name
Attach biography/resumé

5. Program Location (Facility, City, & State)

Attach Support Documentation
Required: Resumé/CV of Instructor/Instructors
 Course Outline (15 minute increments)
 Participant Evaluation Template



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USC DEPARTMENTS ONLY

Documentation Listed below are 3 options for Packet Submission and Processing:
Please select preferred option below:

- Sponsor will provide documentation of completion within 14 days of Course End Date and submit participant records electronically to CEC. Sponsor will create and mail certificates of completion to participants.
\$20 Program Fee
Submit copy of certificate
- Sponsor will provide documentation of completion within 14 days of Course End Date and submit participant records electronically to CEC. CEC will process and mail certificates of completion to participants.
\$20 Program Fee + \$5 per participant certificate
- Sponsor will submit Permanent Record Form for each participant to CEC within 14 days of Course End Date to process and CEC will mail certificates of completion to participants.
\$20 Program Fee + \$5 per participant

PAYMENT

Instructions:

Please complete this form for payment of program fees and submit with the CEU Program Form. USC Departments please provide the Department Number, Fund, and Class Code for payment by IIT.

Intra-Institutional Transfer

Code	Dept. Number	Fund	Class
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Submit CEU Program Form to:

Mail: USC Continuing Education & Conferences
1600 Hampton Street, Suite 403
Columbia, SC 29208

Fax: 803-777-2663

Email: pep@mailbox.sc.edu

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PAYMENT

Please complete this form for payment of Program Fees and submit with CEU Program Form.

Check One	Provider/Sponsor Type	Program Fee
<input type="checkbox"/>	Non-Profit Organization	\$100 for up to 10 participants + \$10 for each additional over 10*
<input type="checkbox"/>	Government Agency	\$100 for up to 10 participants + \$10 for each additional over 10*
<input type="checkbox"/>	Business	\$125 for up to 10 participants + \$10 for each additional over 10*

*Program fee due at CEU Program Application. Additional fees due at conclusion of program with packet submission.

CEC OFFICE USE ONLY

DATE _____ MTH _____ \$ _____ APPVL _____ A _____ CC4 _____ Exp _____

Payment

Please indicate your payment method and information below.
USC's Federal Tax I.D. Number is 57-6001153.

Check/Money Order (Made Payable to USC) Visa Mastercard Discover American Express

Name on Card _____ Amount to Charge \$ _____

Cardholder's Signature _____ Today's Date _____

Card Number _____ CVV Number _____ Expiration Date _____

Do not scan and email this form with credit card information. It is not secure and will not be accepted.

RETURN COMPLETED PACKET TO:

Continuing Education and Conferences
University of South Carolina
1600 Hampton Street, Suite 403
Columbia, SC 29208

Credit Card payments only can be faxed to: (803) 777-2663



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SPONSOR REQUEST

Request for CEC Sponsorship

Organizations outside of the University requesting Continuing Education & Conferences to sponsor a CEU Program, please complete this page and submit with the CEU Program Form.

1. Education Provider Name

2. Applicant Type Non-Profit Organization Business Government Agency
ID#: _____

3. How does your organization align with the University?

[Empty text box for response]

4. Have you previously provided continuing education programs through USC? YES NO

5. Partner organization must be located within the state of South Carolina, provide training within the state of South Carolina, or be affiliated with a USC department.

Does your organization meet this criteria? YES NO

Please explain:

[Empty text box for explanation]