

**C**ontinuing **E**ducation **U**nits – Group Training Roster

Course Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructor(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Duration (Hours): From \_\_\_\_\_\_\_\_\_ am/pm - to - \_\_\_\_\_\_\_\_\_ am/pm = \_\_\_\_\_\_\_\_\_\_\_ Hours Total

CEU Type (Circle One): Content – Literacy – General – Administrative – Digital Teaching & Learning

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| **Attendees – Sign-in for Credit (Please Write Legibly)** | |
| Staff Member Name | Staff Member Name |
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Instructor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***\*\*\* Please submit this form to Human Resources immediately after the training session so that CEU’s can be uploaded. \*\*\****