



## PRE-APPROVAL FOR CONTINUING EDUCATION

Date \_\_\_\_\_ Sponsor \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Website Address \_\_\_\_\_  
Contact Name \_\_\_\_\_ Email \_\_\_\_\_  
Phone \_\_\_\_\_ Post on Website Yes \_\_\_\_\_ No \_\_\_\_\_

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Conference \_\_\_\_\_ Workshop \_\_\_\_\_ Webinar \_\_\_\_\_ Single Session \_\_\_\_\_ Online \_\_\_\_\_  
Date(s) of Event \_\_\_\_\_ Title of Event \_\_\_\_\_  
Number of Educational Hours \_\_\_\_\_ Topic #'s \_\_\_\_\_  
Location of Event \_\_\_\_\_

### The following must accompany this application:

- ✓✓ Name and objectives for each session
- ✓✓ Speakers credentials and brief bio
- ✓✓ Time frame of session(s)
- ✓✓ Method of Presentation (lecture, demonstration, hands on, group involvement, etc.)
- ✓✓ Certificate of attendance
- ✓✓ Publicity tool

### Fees:

\$10.00 per one-hour credit, \$100.00 maximum. # of CE Hours \_\_\_\_\_ X \$10.00= \_\_\_\_\_

*Applications must be submitted **30 days prior** (postmarked) to the date of the event or an additional \$50.00 Late Fee will be added. Your application will be reviewed to determine if the APN Credentialing Center Standards are met. Incomplete applications will delay your approval. Mail the requested information along with your check to the APN Credentialing Center, 17840 Weymouth Ave, Parker CO 80134-7775*

Signature of Representative \_\_\_\_\_ Title \_\_\_\_\_

Office use only: Date Received _____ Money Received \$ _____ Total # of Hours _____ Approved By _____ Number Issued _____
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**Payment must be by check made out to APNCC** (If your check is returned or denied, an administrative fee of \$25 will be charged.)