



BUREAU FOR BEHAVIORAL HEALTH AND HEALTH FACILITIES
Office of Consumer Affairs and Community Outreach
350 Capitol Street, Room 350
Charleston, WV 25301

REQUEST FOR CE APPROVAL

Please submit this completed document at least 1 month before your training date

Organizer:
Sponsoring Organization:
Email:
Phone:
Title of Workshop:

Today's Date

Presenter(s):

Along with this form please submit the following:

Training Date(s):

- 1. Agenda with specific times including breaks
2. Resume/bio of presenter(s)
3. Marketing materials (brochures, email blasts, etc.) List CE's as pending.
4. Copies of presentations and handouts that will be used.

Training Site (Please give full address):

Is the site ADA accessible? Yes No

Training Objectives (if more space is needed, submit extra pages as necessary):

Did you invite participants outside of BBHMF employees to attend? Yes No

Number of CE's requested:

Please check the type of CE's you are requesting. (You may select more than one)

Estimated number of participants needing CE'S:

- Social Work
LPC
Addiction and Prevention
Nursing

Office Use Only

Training Approved? Yes No

Reason?