



Office of Continuing Education

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**AFFILIATE CEU EVENTS APPROVAL APPLICATION**

**Indicate if your seminar is Virtual and/or In-person event**

*Please complete and submit this form for the planned event.*

**SUBMIT NO LATER THAN 4 WEEKS PRIOR TO THE EVENT TO ALLOW FOR APPROVAL PROCESS.**

Name of Organization \_\_\_\_\_ CEUs Requested \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_ Date of Event \_\_\_\_\_

*The following information must accompany this application. Please use a separate form for each lecture.*

1. TITLE of the lecture \_\_\_\_\_

2. NAME of speaker \_\_\_\_\_ ; LENGTH of lecture (1 hour minimum) \_\_\_\_\_

3. A ONE PARAGRAPH SYNOPSIS or OUTLINE of lecture \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. LEARNING OUTCOMES as stated by the presenter (behavioral or performance objectives: the purpose is to specify the skills, knowledge or attitudes that attendee should be able to demonstrate following the lecture.)

\_\_\_\_\_  
\_\_\_\_\_

5. CURRICULUM VITAE (Qualification) or RESUME of presenter \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Speaker contact information \_\_\_\_\_

\_\_\_\_\_

6. Please attach the SCHEDULE OF EVENTS for more than one presenter

Mail or email to: Vickie C. Widmyer, CPE • OCE Director, CERC Chairman  
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Please notify by cell phone when you are sending via Email. Cell (509) 961– 0435

THIS APPLICATION MUST BE APPROVED PRIOR TO PUBLISHING CEU VALUE FOR AN EVENT.  
TO EXPEDITE THE APPROVAL, ENSURE ALL REQUESTED INFORMATION IS PROVIDED.