



CEU Repeat Offering Request Form  
Standard/Distance Learning Applications

Date: \_\_\_\_\_

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

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Type of offering: (Circle one) Standard Distance Learning

Title of Offering \_\_\_\_\_

Category of Study: \_\_\_\_\_ Number of CEUs \_\_\_\_\_

Schedule of dates and Instructional hours \_\_\_\_\_

Location: \_\_\_\_\_

Initial CEU Approval number \_\_\_\_\_

SECTION C: INSTRUCTOR(S)

Name of Instructor(s) \_\_\_\_\_

NOTE: Must attach resume for each instructor who is not already on file to teach this course.  
See instructions for approval of instructors.

I verify that all of the information provided with this application is correct and complete and that the applicant agency has authorized me as a representative to file this application.

Signature and date

Please email to [massceu@gmail.com](mailto:massceu@gmail.com)

If not possible, please mail to: Joyce Hollman 88 Berkshire Rd. Newtonville, MA 02460-2404