Continuing Education Course Approval Form

1. Name / Sponsor: ________________________________
2. Address: ______________________________________
3. Name and E-mail address of Contact Person: ____________________________
4. Address / Phone: __________________________________________________
5. Name of Course: ____________________________________________________
6. Contact Hours: ______________________________________________________
7. Date and Time Offered: ______________________________________________
8. Course Description: ________________________________________________

9. Target Group: ______________________________________________________
10. Instructor / Qualifications: __________________________________________

11. Goals of Course: __________________________________________________

12. Method of Instruction: ______________________________________________
13. Student / Instructor Ratio: __________________________________________
14. Please include a course outline/syllabus or any other pertinent handouts.
   Applications should be e-mailed to info@akapta.org.
   Pay the $25 Review Fee online.

Reviewed by: _______________ Date: _______________
Approved / Not Approved: _______________ If Not Approved, Why? ____________
# CEU’s Granted: ________