

Michigan Association of Senior Centers

Working to make Michigan's Senior Centers even better!

WORKSHOP EXPERIENCE

Please use the form to document workshop experience for credit towards Certification renewal. In order for this workshop to qualify for C.E.U.'s, the information on this form must be filled out completely, along with the signature of the presenter. Include this sheet with your renewal application.

Name of Participant _____

Title of Workshop _____

Sponsoring Organization _____

Location _____

Date and Time _____

Presenter/Facilitator _____

Presenter's Title _____

Agency or Institution _____

C.E.U.'S Requested: _____

- 1 hr = .1 C.E.U. No partial hours
(IE: 1 hr 45 min. → .1 C.E.U. 2 hr. 15 min. → .2 C.E.U.'S)

I do hereby verify that the information listed above is true and correct.

Signature of Presenter

Signature of Attendee