

**EASTERN MAINE COMMUNITY COLLEGE**  
**354 Hogan Road**  
**Bangor ME 04401**  
**974-4600 or 1-800-286-9357**

**CONTINUING EDUCATION UNITS APPLICATION**  
(to be completed by the program seeking approval)

Program or Course Title: \_\_\_\_\_

Program or Course Location: \_\_\_\_\_  
Street City State Zip

Format: Course \_\_\_\_\_ Training Program \_\_\_\_\_ Seminar \_\_\_\_\_  
Workshop \_\_\_\_\_ Other (Please Identify) \_\_\_\_\_

Description: \_\_\_\_\_

Objectives: \_\_\_\_\_

Date(s): \_\_\_\_\_

Anticipated number of participants \_\_\_\_\_ minimum \_\_\_\_\_ maximum

Total contact hours \_\_\_\_\_

Criteria for determining satisfactory completion in awarding Continuing Education Units: \_\_\_\_\_

Name(s) of instructor(s) \_\_\_\_\_  
(Please attach resume, curriculum vitae, or other documents supporting instructors' qualifications)

Approval recommended: \_\_\_\_\_  
Program Administrator Date

Address: \_\_\_\_\_  
Street City State Zip

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

NOTE: Please complete this form and submit with supporting documents and an application fee of \$50.00 to:  
Eastern Maine Community College, 354 Hogan Rd, Bangor, ME 04401

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FOR OFFICE USE ONLY  
Approval granted for \_\_\_\_\_ Continuing Education Units  
\*One Continuing Education Unit = 10 contact hours