

REQUESTER COMPLETES THIS SECTION (continued)

4. **Total Contact Hours Requested (Excluding Breaks)** _____
5. Program Title: _____
6. Program Location: _____
7. Program Date(s): _____

Enclose documentation of the course objectives and a detailed course schedule that shows meals and break periods.

8. List Program Presenter(s):

Enclose resume or *curriculum vitae* (CV) for each presenter.

PRESENTER NAME	TITLE

9. Is proof of completion provided? (i.e., Certificate) Yes No

Submit this application and all supporting documentation to the address above. If you have questions, email: customerservice.dpr@state.de.us

BOARD OFFICE COMPLETES THIS SECTION

Council Review Date: _____

- Approved for _____ hours. Approval Expires: _____
- Tabled - List reason(s) below. Denied – List reason(s) below.

The above request was denied or tabled for the following reason(s):
