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GRADUATE COLLEGE OF SOCIAL WORK
UNIVERSITY OF HOUSTON
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NOTE: This form **MUST** be submitted to the **ABOVE ADDRESS** with a check made payable to the **GRADUATE COLLEGE OF SOCIAL WORK** before CEU certificates will be issued to the participants in your approved program.

PROGRAM TITLE (exactly as you want it to appear on the CEU certificates):

PROGRAM SPONSOR: _____

DATE(S) OF PROGRAM: _____

LOCATION: _____

NUMBER OF APPROVED CONTACT HOURS: _____ **CEUs:** _____

NUMBER OF PERSONS RECEIVING CEUs: _____

CHECK ENCLOSED FOR \$ _____ **(\$10.00 X NUMBER OF PARTICIPANTS)**

NAME OF PERSON VERIFYING ATTENDANCE LIST:

Printed Name

Signature

Date

Phone Number

ATTENDANCE LIST: Please **TYPE** the list of CEU recipients with the following information for each person. Incomplete information **CANNOT** be processed.

- Participant's Full Name:
- Street Address, including Apt. #:
- City:
- State:
- Zip Code:
- Social Security Number: