

CONTINUING EDUCATION (CE) REQUEST

PLEASE NOTE: CDC's Continuing Education (CE) services are only provided to CDC programs and CDC partners funded to develop training or workforce development.

CE COURSE DEVELOPER INFORMATION

Date:

Name:

Title:

Email:

Telephone:

CDC INFORMATION

CDC Center or Program Office that supports this educational activity: (Do not use acronyms.)

CDC official responsible for the overall planning, educational design, content, implementation, evaluation process and scientific integrity of your activity:

Telephone:

E-mail:

CDC INFORMATION

In the context of CE, a partner is defined as an organization or institution that is developing an educational activity that has received funding from a CDC grant, cooperative agreement, interagency agreement, or contract that conveys the intention to use the funding for training or workforce development. Examples of CDC partners include colleges and universities, nonprofit organizations, state health departments, and other federal agencies.

Please select your CDC funding mechanism:

CDC Grant

Cooperative

Inter-Agency Agreement

Contract

Other

Does the funding language cover the educational activity you want accredited (either explicitly or because the funding is intended for training or workforce development)?

Yes

No



Centers for Disease Control and Prevention

Center for Surveillance, Epidemiology, and Laboratory Services

Division of Scientific Education and Professional Development

Describe your relationship to CDC and how the funding language covers the educational activity you want accredited:

COVID-19 related? : No Yes

EDUCATIONAL ACTIVITY

Title of educational activity:

Location of live activity:

Live	Not applicable	Series (varying content under topic)
	Course	Recurring Program (same content repeated)
	Live Internet	Conference (concurrent breakout sessions)
	Manuscript Review	
Enduring Materials:	Not applicable	Journal Activity
	Enduring Material	Other
	Internet Enduring	

Please describe your educational activity:

Educational activity start date: (mm/dd/yyyy)

Type of credit desired: *(You may choose more than one)*

CME	CNE	CHES/MCHES
CPE	CEU	CPH
AAVSB/RACE	ALL	

Comments:

Please sign and return this completed CE request, to cererequests@cdc.gov. If you have any questions, please contact cererequests@cdc.gov.

Signature (may be typed)

Date



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