# CONTINUING EDUCATION (CE) REQUEST)

*PLEASE NOTE: CDC’s Continuing Education (CE) services are provided to CDC programs and CDC partners funded to develop training or for workforce development. Also, we cannot provide CE accreditation for an educational activity (e.g., webcast, web-based) that is already live and available to learners. The process of accreditation must start in the planning phase of training development.*

## CE COURSE DEVELOPER INFORMATION

**Date (mm/dd/yyyy):** Click or tap to enter a date.

**Name:** Click or tap here to enter text. **Title:** Click or tap here to enter text.

**Email:** Click or tap here to enter text. **Telephone:** Click or tap here to enter text.

## CDC INFORMATION

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

Click or tap here to enter text.

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

Click or tap here to enter text.

**Telephone:** Click or tap here to enter text.

**Email:** Click or tap here to enter text.

## 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  Internal  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

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

Click or tap here to enter text.

## EDUCATIONAL ACTIVITY

**Title of educational activity:** Click or tap here to enter text.

**Location of live activity:** Click or tap here to enter text.

**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:**

Click or tap here to enter text.

**Educational activity start date (mm/dd/yyyy):** Click or tap to enter a date.

**Type of credit desired:** *(You may choose all that apply.)*

If the type(s) of credit desired is not listed, please include this accreditation type in the “Comments” field with a brief justification. We will assess the feasibility of adding this new accreditation type in the future and/or suggest alternatives for accreditation.

CME  AAPA CME  CNE

CPE  CEU  CPH

AAVSB/RACE  CHES/MCHES  ALL

**Comments:**

Click or tap here to enter text.

Please sign and return this completed CE request in MS WORD format, to [cerequests@cdc.gov](mailto:cerequests@cdc.gov). If you have any questions, please contact [cerequests@cdc.gov](mailto:cerequests@cdc.gov).

Click or tap here to enter text. Click or tap to enter a date.

**Signature (may be typed) Date**