

**Sponsoring Organization's Request to Award
Board of Ordained Ministry Continuing Education Units**

Board of Ordained Ministry
East Ohio Conference

Name of Person submitting request _____

Address _____
Street address City/Town Zip Code

Telephone _____ Email _____

Sponsoring Organization: _____

Address _____ Phone _____

Title for this Education Event: _____

Location: _____ Dates _____

List the learning goals for this event:

Estimated number of hours needed for participants to complete required preparation, if any,
for the event: _____

Number of contact hours during event: _____

Number of CEUs requested: _____

What post-event activities are expected of participants?

Please complete and return this form with a descriptive brochure including presenter, presenter's qualifications, and/or other information that will be helpful in evaluating the program to:

Karol Lewis
245 Portage Trail
Cuyahoga Falls, OH 44221
330-923-5241
klewis@firstchurchcf.com