



**Center for  
Inclusive Child Care**



Concordia University · College of Education  
275 Syndicate Street North · St. Paul, MN 55104

**Request for Continuing Education Unit - CEU**

.5 (one half) CEU (equivalent to 5 clock hours) can be requested upon completion of:

1. Listening to 10 Podcast sessions of your choice at [www.inclusivechildcare.org](http://www.inclusivechildcare.org)
2. Completion of Assignment Section (below)
3. Completion of CEU Form (included)
4. Enclosure of \$15.00 CEU Fee

You will receive a CEU certificate within 2-4 weeks.

**Assignment Section: PLEASE PRINT:**

1. **Write the Titles of the Podcasts you listened to in this space. You need to have listened to 10 podcasts in order to receive a certificate for .5 CEUs**
  - 1) Title:
  - 2) Title:
  - 3) Title:
  - 4) Title:
  - 5) Title:
  - 6) Title:
  - 7) Title:
  - 8) Title:
  - 9) Title:
  - 10) Title:
2. **Choose a CDA Category for your certificate from the following:**
  - 1) Social and Emotional Development
  - 2) Guidance
  - 3) Learning Environment
3. **Choose one podcast from which to answer the following questions:**
  - 1) Title of the Podcast you are writing about:
  - 2) What did you learn from the podcast that you plan on using in your work? Use at least 250 words or this form will be returned to you.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_ (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_ Yes \_\_\_\_\_ No - I would like to subscribe to the Center for Inclusive Child Care's free e-newsletter.

Purchase Orders can processed with approval. If you have any questions, call the Center for Inclusive Child Care at 651-603-6265. Please make your checks payable to: **Concordia University** and mail this form to:

**Center for Inclusive Child Care**  
**Concordia University**  
**275 N. Syndicate St.**  
**St. Paul, MN 55104**

Check - Amount enclosed \$ \_\_\_\_\_ **Make checks payable to: Concordia University**

Payment option two:

Credit Card:  Visa  Master Card **Amount to be applied to the credit card: \$** \_\_\_\_\_  
Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

V Number (The last 3 digits on the signature line on the back of the card.): \_\_\_\_\_

Billing address of credit card:

\_\_\_\_\_