



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. Completion of 10 Info Module courses of your choice at 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 Info Modules you read in this space. You need to have read 10 Info Modules 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
 - 4) Other
3. **Choose one Info Module from which to answer the following questions on a separate piece of paper:**
 - 1) Title of the Info Module you have chosen to write about:
 - 2) What did you learn from this Info Module that you plan on using in your work? Paper should be between 250 - 500 words in order for this CEU to be processed.

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:
