Office of Professional Development and Educational Outreach (OPDEO)

Continuing Education Unit (CEU) Program Guidelines

The OPDEO keeps a cumulative record of CEUs earned; however, transcripted CEU credit cannot be changed to transcripted academic credit. Since grades are not given, credit for any program will be recorded on the participant's transcript upon successful completion, or nothing will appear. No partial credit will be awarded for any program.

Application Guidelines

Program Qualifications – The program must...
- Be responsive to an educational need of a specific target population
- Of an educational nature
- Of significant length and substance
- Have formulated learning objectives
- Have qualified instructors
- Have instructional content organized to meet the learning objectives
- Meet sufficient time requirements
- Have a suitable evaluative tool

CEUs will not be approved for activities such as the following:
- Social activities
- Athletic activities
- Entertainment
- Activities that coach or otherwise prepare participants to pass examinations such as those required for certified public accountants, realtors, the Graduate Record Examination, or programs only casually related to educational objectives

Program Application

The CEU Application and required documentation must be received by the Office of Professional Development and Educational Outreach (OPDEO) no later than two weeks prior to the program starting date. No CEU credit will be awarded retroactively. The program must be approved before The University of Southern Mississippi CEUs are advertised. Application must be made every time a program is offered, even if the program is identical to one that was previously approved for CEUs.

Required Documentation
- A timed agenda
- Vitae for instructor(s) indicating expertise in pertinent field
- An evaluation tool*
- A statement of learning objectives

*The CEU evaluation is a measurement of how well the participant achieved the stated learning objectives. A minimum of one question should be included for each learning objective. Questions should be short-answer and open-ended. The evaluation is not a survey of the participants’ opinions. Evaluations will not be accepted with yes/no, true/false, opinion, or ranking questions.

Participants must complete and submit the CEU Evaluation/Information Form for each program or session in order to receive CEU credit.

CEU Computation – CEUs are computed according to the number of contact hours of focused training or instruction. One (1) CEU is defined as ten (10) clock hours of instruction. One clock hour is equal to a full 60 minutes of instruction. A program must consist of a minimum of five (5) contact hours of focused instruction to qualify for Mississippi Department of Education approved continuing education units. Instructional hours do not include registration, introductions, breaks, meals, travel or other non-instructional time.

Attendance Policy – Participants must attend the entirety of all sessions to receive CEU credit. CEU credit will not be awarded for participants under any of the following circumstances:
- If participant did not attend entirety of all session(s)
- If participant failed to complete and submit Evaluation/Information Form for each program (or session if multiple sessions)
- If the participant did not provide legible name, address, and Social Security number
- If the participant did not pay the applicable CEU fee

Refund Policy – Once a CEU program commences, no refunds will be granted.

On-site Registration – The program director may conduct the on-site CEU registration or may choose to have OPDEO provide this service. If the program director chooses to use the OPDEO, incurred expenses including travel, meals and lodging must be reimbursed to OPDEO as well as staff time out of office. OPDEO on-site CEU registration fees are as follows:

<table>
<thead>
<tr>
<th>On-campus Registration</th>
<th>Off-campus Registration</th>
</tr>
</thead>
<tbody>
<tr>
<td>$35/hour of registration for one OPDEO staff member</td>
<td>$100/half day plus travel for one OPDEO staff member</td>
</tr>
<tr>
<td>$25/hour of registration for each additional staff member</td>
<td>$70/half day plus travel for each additional staff member</td>
</tr>
</tbody>
</table>

Staffing Recommendations - One (1) staff member per anticipated fifty (50) participants or less.
Application for the Awarding of Continuing Education Units (CEUs)

Date of submission: __________________

Affiliated with The University of Southern Mississippi?  ___Yes  ___No

Program Title:
________________________________________________________________________________________________________
____________________________________________________________________________________________________

___Institute  ___Workshop  ___Seminar  ___Online  ___Special Training Course  ___Short Course  ___Other

Is this course open to the public?  ___Yes  ___No

If yes, is there an additional fee for the program other than the CEU fee?  ___Yes  Amount:  ___No

Instructors (Include Vitae for all instructors)
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________

Application Fee:  ___Southern Miss (No Charge)  ___Unaffiliated with Southern Miss - $25

Length of Program:  ___# of Days  ___Beginning Date:  ___Ending Date: __________________

Anticipated Attendance:  ___Minimum  ___Maximum

Target Audience:
________________________________________________________________________________________________________
________________________________________________________________________________________________________

Program Location:
________________________________________________________________________________________________________
________________________________________________________________________________________________________

Educational Objectives:
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________

Sponsor(s) Outside of The University of Southern Mississippi (Approval and forms will be sent to this person.)
Contact Person:__________________________
Address:______________________________________________________________
Telephone:__________________________  Fax:__________________________  Email:__________________________

FEE PAYMENT: Participant Fees Method of Payment (Choose all that apply):
___Interdepartmental Invoice  ___Check  ___Credit Card  ___Money Order  ___Cash

(Southern Miss only)  Make checks payable to USM

Budget String:__________________________

Application Fee Method of Payment (if applicable):
___Check  ___Credit Card  ___Money Order

Southern Miss Approval
Approved:__________________________  For ________ CEUs  Date:__________________________

Submission and Southern Miss OPDEO Contact Information
The University of Southern Mississippi
Office of Professional Development and Educational Outreach
ATTN: CEU Coordinator
118 College Dr. #5136
Hattiesburg, MS 39406-0001
Monday-Wednesday (a.m.)  ●  Telephone: 601.266.4210  ●  Fax: 601.266.5839  ●  s.evans@usm.edu

Documentation Checklist
___Application  ___Learning Objectives
___Application fee (If applicable)  ___Evaluation Instrument
___Instructor(s) Vitae  Evaluation questions must relate to Learning Objectives and be open-ended, short answer.
___Timed Agenda

For previously approved programs:
New Application, Previous Approval Form, and copy of previously approved application

AA/EOE/ADAI

Revised CEU Application 10/12
Continuing Education Unit (CEU) Program On-site Registration Option

Program:
__________________________________________________________________________________________________
__________________________________________________________________________________________________
Beginning Date: _______________ Ending Date: _______________ Location: ____________________________________________
___ I will conduct on-site registration without the presence of OPDEO personnel - go to Section A.
___ I would like for OPDEO personnel to conduct on-site registration - go to Section B.

A. Provide the following information for the individual who will conduct the on-site registration.
Name: __________________________________________________________
Address: ________________________________________________________________________________________________
Telephone: _______________________________ E-mail: ____________________________________________________________
___ I verify that I have read and understand the CEU Program Guidelines.
Signature of Requester ________________________________________________________________
Facilitator (if other than Requester) ________________________________________________________________

B. Provide the following information for OPDEO.
Registration Date(s): __________________ Time(s): ___________________________ Estimated Attendance ________

OPDEO Service Fees: Choose one option below: (Staffing recommendations - One (1) staff member per anticipated fifty (50) participants or less)

___ On-Campus Registration
One (1) OPDEO staff member - $35/hour (minimum of one {1} hour)
Each additional OPDEO staff member - $25/hour (minimum of one {1} hour)

___ Off-campus Registration
One (1) OPDEO staff member - $100/half day for time away from office + travel expenses
Each additional OPDEO staff member - $70/half day for time away from office + travel expenses

Number of OPDEO personnel requested: ________________  *On-site Registration Fee $ __________________________
*Additional expenses may be incurred that will require reimbursement to OPDEO

Signature of Requester ________________________________________________________________ Date ____________
Sharon Evans, Administrative Assistant ___________________________________________________________ Date ____________
Frederick E. Varnado, Director _______________________________________________________________ Date ____________

Office of Professional Development and Educational Outreach

On-site Registration Option 10/12
CEU Evaluation/Information Form

To be completed by each CEU participant and returned to OPDEO. Participants successfully completing this program will be awarded a CEU transcript. (This form may be adapted to fit your learning objectives, questions, and answer

CEU Program Title: _________________________________________________ Program #:

# CEUs Awarded for Program: Program Date(s):

Learning Objective 1:

Question:

Answer:

Learning Objective 2:

Question:

Answer:

Learning Objective 3:

Question:

Answer:

Learning Objective 4:

Question:

Answer:

Grading Official Comments: This participant has successfully demonstrated knowledge of stated learning objectives with an average percentage of correct answers to evaluation questions of _________%

CEU Information Form

To be completed by each CEU participant.

Please print legibly. CEU transcripts cannot be issued if information is illegible.

Name: ______________________________________ Social Security #: ___________________________

Address: ____________________________________________________________

Daytime Telephone: __________________________ Email: ____________________________

Duplicate form for each participant. CEU Evaluation 10/12