



## Provider Registration Form for Continuing Education

Provider Name \_\_\_\_\_ Date \_\_\_\_\_  
(Name of company, organization, institution, etc.)

Street Address \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_

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

Web address \_\_\_\_\_

Primary Contact Person \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_

Secondary Contact Person \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_

Which best describes your organization?

- School
- Corporate Training
- Financial Institute
- Consultant
- Specific Interest Group
- Other – Specify \_\_\_\_\_

Are you a CPE Provider?  Yes  No

Where do you intend to offer educational programs? (locations/venues) \_\_\_\_\_

\_\_\_\_\_

Program area for which you wish to offer CEUs (indicate by checking one or more):

- Personnel/Human Resource Management
- Staff Development
- Congregational Leadership
- Theology of Stewardship
- Office Management
- Information Management
- Property Management
- Communication and Marketing
- Strategic Planning
- Financial Management
- Stewardship of Self
- Legal & Tax Matters
- Christian Perspectives & Theology of Church
- Theology and Ethics of Church Administration

#### Requirements

0.1 CEUs will be granted to persons who properly register and attend one (1) contact hour. One (1) contact hour is defined as a minimum of 50 minutes of lecture, presentation, or discussion on the topic by the approved presenter(s). Additional 0.1 CEUs will be granted for each additional 60 minutes including a 10 minute break. Contact time of less than 50 minutes cannot be granted partial credit. Participants will receive the CEU credit upon completion of the workshop/seminar; only those who sign in before the presentation begins and remain to the end will be awarded the credit. All registration sheets will be returned to The Church Network as part of the Follow-Up Report.

Description of Typical Coursework Provided: \_\_\_\_\_

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Applicants must provide contact information of individuals who will verify that the programs offered are of the highest educational standards and appropriate for church administration. You must provide (3) three individual references.

Name \_\_\_\_\_

Organization \_\_\_\_\_

Contact (phone or email) \_\_\_\_\_

Name \_\_\_\_\_

Organization \_\_\_\_\_

Contact (phone or email) \_\_\_\_\_

Name \_\_\_\_\_

Organization \_\_\_\_\_

Contact (phone or email) \_\_\_\_\_

CEU Providers are responsible for reporting the attendance of individuals seeking CEUs for coursework.

For office use

THE CHURCH NETWORK #:

Received:

Recorded:

Any questions regarding completion of these forms or about the NRCEP in general may be directed to: Phill Martin [phill@thechurchnetwork.com](mailto:phill@thechurchnetwork.com) or Rose Ella McCleary [rose.ella@thechurchnetwork.com](mailto:rose.ella@thechurchnetwork.com)



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## National Registered Continuing Education Provider

### **Follow-Up Report** (may be submitted hard copy or electronically)

Event Date \_\_\_\_\_

CEU Workshop/Seminar Topic  
\_\_\_\_\_

# of CEUs for attendance at this workshop \_\_\_\_\_

CEU Workshop/Seminar Topic (if you are registered for more than one):  
\_\_\_\_\_

# of CEUs for attendance at this workshop \_\_\_\_\_

CEU Workshop/Seminar Topic (if you are registered for more than one):  
\_\_\_\_\_

# of CEUs for attendance at this workshop \_\_\_\_\_

Attach:

- Registration Sheets
- Any outline and handouts from the presenter(s) should be submitted electronically.