



# Continuing Education Unit Syllabus

Press F11 to move to input fields.

## Agency Use

- Group - 1 CEU Value \_\_\_\_\_
- Group - 2 CEU Value \_\_\_\_\_
- Group - 3 CEU Value \_\_\_\_\_
- Group - 4 CEU Value \_\_\_\_\_
- Group - 5 CEU Value \_\_\_\_\_
- Group - 6 CEU Value \_\_\_\_\_
- Group - 7 CEU Value \_\_\_\_\_

<b>Instructor Name: (Last, First, MI)</b>	<b>Name of Approved Provider:</b>
<b>Contact Person: (If Different from Instructor)</b>	<b>Telephone:</b>
<b>Mailing Address:</b>	<b>Fax:</b>
	<b>Email:</b>

### Part I: Statement of Qualifications

Please provide a statement about your qualifications.

### Part II: Course Description

Please provide a detailed summary for each question. (All questions must be answered.)

<b>Course Title:</b>	<b>Course Date(s):</b>	<b>Course length in hours:</b>	<b>Cost for Workshop:</b>
	<b>Start Time:                  Finish:</b>		\$

Please provide listing of textbooks, supplemental readings, or equipment, such as calculators or safety equipment required.

Please provide driving directions:

Please provide a course outline which details the specific subjects to be taught and any testing required. Use additional pages if needed.

### Part III: Statement of Relevance

How does this course pertain to the business, technical, regulatory, or safety aspects of well construction? Please include the goals and objectives of this class.

Will this class be open to all who desire to attend? Yes  No

What is the minimum number of students required to put on this class?

### Part IV: Comments and Signatures

Comments:

The information provided in this application is true and accurate.

Instructor Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

I have reviewed this report and, in my judgment, the process has been properly followed.

Reviewer's Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_