

Continuing Professional Education Prior Approval Request Form

-Live Activities-

For CDR use only

ACTIVITY NUMBER

Activity Title: _____

Activity Provider: _____

Activity Dates: _____

Estimated Number of CDR Credentialed Practitioners Attending: _____

Activity Location (City & State): _____

Target Audience: _____

Is the Activity closed / invitation only? Yes No

Activity Chair: _____

Contact Person (*Receives Certificates of Attendance & additional materials*):

Address: _____

Daytime Phone: _____

Fax: _____

Email: _____

As an Activity Provider, I verify that the content of this continuing education activity is education beyond the basic preparation required for initial entry into the CDR Credentialed Practitioner status.

Signature of Activity Provider

Date

Required Documentation: The following must be provided with this form

1. Educational objectives, describing anticipated outcomes for each session.
2. A Timing outline, detailing all the time spent in sessions, meals, breaks, testing, etc. All hours are awarded for learning time only.
3. Information regarding the target audience (target audience cannot include the lay public).
4. Qualifications of speaker(s) / presenter(s). These should be biography, resume, or CV.

Some Affiliate Dietetic Associations share the CPE approval responsibility with CDR. Please review the Prior Approval Review Contact List at <http://cdrnet.org/prior-approval-review-contacts> to determine where to submit your request form for review.

Type of Live Activity:

Information on CPEUs Requested:

Number of Contact Hours: _____ Exhibits: _____ Posters: _____

Applicable Learning Need Code(s):

(See Page 2 for LNC list)

CPEU Level:

(You may choose multiple Levels)

Level 1: Little or no prior knowledge of subject

Level 2: General knowledge of literature and professional practice in areas covered

Level 3: Thorough knowledge of literature and professional practice in areas covered

For Continuing Professional Education Committee Use Only

Date: _____ Maximum Hours: _____

Approved By: _____ Exhibit Hours: _____

Disapproved By: _____ Poster Sessions: _____