

## **Continuing Education Activity Plan Sponsor Form**

This activity must be submitted ONLINE at <u>www.rid.org</u> at least 30 days prior to the start of the activity. A copy of this form along with the Activity Plan Instructor's form must be kept on file for future auditing purposes.

Name of Approved Sponsor:			
Activity Number:	(Sponsor Code) .	(Month/Year)	. (Ascending within month)
Activity Title:			
Location of Activity:		(City)	(State)
Instructor(s) Name(s):			
Contact Person/People:	Contact Phone(s):		
E-mail	Web site:		
Who is the Target Audience:			
Activity Start Date:	Activity Completion Date:		
Start Time for Activity:	am/pm Ending Time for Activity:am/pm		
Total number of CEUs to be a	awarded to each particip	pant:	
Content Area:	Conter	nt Level:	Participating Programs:
Professional Studies (PS)	Little/n	one	CMP only
General Studies (GS)	Some		ACET only
	Extensive		CMP & ACET Both
	Teachi	ng	

As the RID Approved Sponsor for the RID activity, I certify that the above information is accurate and will be filed ONLINE with RID through <u>www.rid.org</u> at least 30 days prior to the start of the activity.

RID Approved Sponsor Signature Administrator: \_\_\_\_\_ Date:\_\_\_\_\_

**Updated January 2008**