**2021 AHEAD Spring Colloquium**

**Continuing Education- CEUs and General Certificates of Attendance**

To support your professional development goals, Continuing Education Units (CEUs) from the Commission on Rehabilitation Counselor Certification (CRCC) have been preapproved for the online program, including:

* presentations attended live, and
* presentations watched via recording

CEUs are NOT available for the 30-minute discussions option or any lunch-hour discussion you may join.

**CRCC CEU Information**

**ALL requested CRCC hours related to the Colloquium MUST be requested at the same time**. If you plan to watch recordings of presentations and request CEUs for those hours, do NOT submit this form until you have watched ALL the recordings you plan to use for CEUs. Submit your request for CEUs attended live and watched via recording on the same form.

**Process for requesting CRCC CEUs and a General Certificate of Attendance:**

1. Complete the following form. In the final column, check those sessions that you attended live or watched as recordings. AHEAD will assign contact hours to each session once you submit your form.
2. AFTER you have attended/watched all the programming for which you plan to request CRCC CEUs, return the form to AHEAD:

* [profdev@ahead.org](mailto:profdev@ahead.org) OR
* FAX to 704-948-7779 OR
* AHEAD

Attn: Kim Richards

8015 West Kenton Circle, Suite 230

Huntersville, NC 28078

**CEU & ATTENDANCE FORM: AHEAD 2021 Spring Colloquium**

Return to: AHEAD, Attn. Kim Richards; 8015 West Kenton Circle, Suite 230, Huntersville, NC 28078; or FAX: 704.948.7779; or email attachment to [kim@ahead.org](mailto:kim@ahead.org)

Print Your Name CLEARLY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please check one:  HOME Address  WORK / SCHOOL Address

Request: \_\_\_\_\_ CRCC CEU Verification (For Certified Rehabilitation Counselors)

\_\_\_\_\_ Certificate of Attendance (Be sure your mailing address is **COMPLETE**)

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| Session ID# | Qualifying Hours | Presentation/Discussion  Title | Watched  Live | Watched  Recording |
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