

**APPLICATION FOR CONTINUING EDUCATION UNITS**

Use one form for EACH event or course attended; forms listing multiple courses/events will NOT be accepted.

**Student's Name:** \_\_\_\_\_

**Name of Course/Event:** \_\_\_\_\_

**Date(s) of Attendance:** \_\_\_\_\_

**Total Hours completed (to be filled in by Instructor or EDS designee):** \_\_\_\_\_

**Signature of student:** \_\_\_\_\_

**Signature of Instructor or EDS designee:** \_\_\_\_\_

**Date this form was signed and completed:** \_\_\_\_\_

**PLEASE RETURN TO REGISTRAR WHEN COMPLETED.**

*Students must request Letters of Certification of Continuing Education Units for each event/course. Each request for mailing requires a \$25 processing fee. Forms to request such Letters of Certification are attached.*

**REQUEST FOR LETTER OF CERTIFICATION  
OF CONTINUING EDUCATION UNIT CREDIT**

I authorize the EDS Registrar to send a Letter of Certification of Continuing Education Unit Credit to me at the following address. This letter will certify all Continuing Education completed since a previous such letter was requested. There is a \$25 fee for this request, payable by check to Episcopal Divinity School or by credit card (see below).

Name: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

I authorize that such a Letter of Certification be sent to the following individual(s) at the address(es) indicated below:

Name: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**CREDIT CARD INFORMATION**

Type of card (VISA or MasterCard only) \_\_\_\_\_

Number on card \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name on the card \_\_\_\_\_

I authorize the Episcopal Divinity School to charge the \$25 fee to the credit card noted above.

Signature \_\_\_\_\_

**Office Use Only:**

**Staff initials:** \_\_\_\_\_

Payment: Check # \_\_\_\_\_ / Credit Card    Date received: \_\_\_/\_\_\_/\_\_\_    Date sent/picked up \_\_\_/\_\_\_/\_\_\_