



REQUEST FOR C.E. CLASS MATERIAL

(Previously Approved Course)

Please complete the following information when preparing to offer a *previously approved continuing education course*. Classes may be offered numerous times within the four-year approval period of the course. A new application must be submitted if the content or course hours change, or if the four-year period has expired.

Note: Submit a completed course Evaluation Form with this Request For Material. The form is on the CNE Web site at http://www.ucdmc.ucdavis.edu/cne/forms/docs/course_evaluation.rtf

Requested by: _____ **Date:** _____
Phone: _____ **Unit:** _____
Mailing Address: _____ **Date Needed:** _____

Roster Certificates Quantity Requested _____

Course Title: (as it appears on the Course Application) _____

Course Number: _____

CE Hours: _____ **Date(s) of Course:** _____

Instructor(s): _____

Submit your request at least two weeks prior to the date of the class to:

**Center for Nursing Education
Attn: Tish Campbell
Broadway Building, Suite 1630
Phone: 734-9796 FAX: 703-9903**

This form is available on the Web at http://www.ucdmc.ucdavis.edu/cne/forms/pdfs/ce_request.pdf