



**Mississippi
College**
A CHRISTIAN UNIVERSITY

Office of Continuing Education

REQUEST FOR CONTINUING EDUCATION UNITS (CEU)

NAME OF PARTICIPANT: _____ DATE _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

CHECK IF NEW ADDRESS

TEACHER LICENSE NUMBER & LAST FOUR OF SOCIAL SECURITY NUMBER*

**Please note this form cannot be processed without this information*

DAYTIME TELEPHONE # _____ EMAIL _____

COURSE OR SEMINAR: **THE YELLOW BRICK ROAD: A CLEAR PATH
BEYOND YOUTH VIOLENCE**

PROVIDER: **CONTINUING EDUCATION SERVICES / FTC
PREVENTION SERVICES, LLC**

INSTRUCTOR (S): **FOMBY, CARLISLE, NELSON, SIMS, et al.**

DATE PROGRAM COMPLETED: **JANUARY 25 -27, 2023 – PHILADELPHIA, MS**

NUMBER OF CONTACT HOURS: **ELEVEN (11)** **NUMBER OF CEUs: 1.1**

*Pay \$15.00 online at www.mc.edu/ceu and include receipt number on this form. Online payment confirmation number _____. Your official record of participation will be mailed to you after your provider furnishes proof of attendance for all sessions and the Mississippi College Office of Continuing Education processes this form. Please note that in order for CEU credit to be awarded; all sessions must have been attended, as partial CEU credit cannot be given.

CEU certificates will not be issued after six months of the last date of training.
CEU s Office of Continuing Education Mississippi College Box 4031 Clinton MS 39058
www.mc.edu/offices/ce