

How to submit your CEU request form:



Complete all fields **except** the **trainer signature** and **date** line



Email filled out form to **logan@ccimrt.com**



Logan will email the form back to you with the **trainer signature**



Once you receive the signed form, you will **mail it with a \$15 check to LSUS** (*address listed on form*)

For questions, email:
logan@ccimrt.com



Continuing Education

One University Place, Technology Center, Shreveport, LA 71115-2399
Phone: 318.798.4177 Toll Free: 800.290.2378 Fax: 318.798.4175

Dear Participant:

Thank you for your interest in receiving Continuing Education Units (CEUs) for your participation in Moral Reconciliation Therapy Training received from Correctional Counseling, Inc. We are pleased to offer Continuing Education Units for this training program. You will receive .1 CEU for each hour of training you received. Per SACS guidelines by which LSUS is accredited, one (1) CEU represents 10 contact hours of participation in an organized continuing education experience under responsible sponsorship, capable direction, and qualified instruction, "i.e., 32 hours of training equals 3.2 CEUs.

To receive your certificate, please complete the form below and return with a \$15.00 fee for each program you attend. This is in addition to any registration fees paid for the class. Make checks or money orders payable to LSUS and forward to:

Division of Continuing Education
Attention: Cecelia Autry
Louisiana State University in Shreveport
One University Place, Technology Center, 131, Shreveport LA 71115

Upon receipt of form and fee, a certificate will be sent via email. The certificate will indicate the total CEUs earned as well as the total number of contact hours for the program. If you have any questions, please contact LSUS at (318) 798-4177 or email Cecelia.Autry@lsus.edu.

PLEASE NOTE: LSUS does not seek approval by any specific organizational continuing education credits. You may seek post approval.

PLEASE PRINT CLEARLY the name as you would like it to appear on your certificate.

Name: _____ DOB _____

(Last) (First) (MI)

Address: _____

City: _____ State _____ Zip _____

Email address: _____ Daytime Phone _____

Agency: _____ State _____

Date

Begin: _____ End _____ NO. Days _____ Total Hrs. _____

MRT 32 hr. Training _____ DV 32 hr. Training _____ 8 hr. Basic Review _____

16 hr. Advanced MRT _____ 6.5 hr. Trauma Training _____ 13 hr. Trauma Training _____

13 hr. Battling Shadows-Veterans, Trauma & PTSD Training _____

8 hr. Guidelines for Adolescent MRT Groups Training _____

16 hr. Improving Outcomes for Anger Management Participants Training _____

(NOTE: Information must agree with information received and signed by presenting agency before certificate will be processed.)

Participant's Signature _____ Date _____

(I certify that I attended all hours of the Moral Reconciliation Therapy Training)

Instructor's Signature _____ Date _____

I certify that the above named student attended all hours of the Moral Reconciliation Therapy Training.)