

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 Reconation 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 **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, 133, 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 1	: <u>h</u> e name as you woເ	uld like it to appear on your ce	rtificate.	
Name:	DOB			
(Last) (First) (MI)				
		State		
Email address:	Daytime Phone			
Agency:	State			
Date				
Begin:	End	NO. Days	Total Hrs	
32 hr. MRT Training	32 hr. DV Traiı	ning 8 hr. Basic Revi	ew	
16 hr. Advanced MRT _	6.5 hr. Traur	na Training 13 hr. Tr	auma Training	
13 hr. Battling Shadow	s-Veterans, Traum	a & PTSD Training		
16 hr. Improving Outco	mes for Anger Ma	nagement Participants Trai	ning	
3 hr. Finding Your Way	Home Training	13 hr. Foundations of S	ubstance Use Disorder Training _	
(NOTE: Information mu will be processed.)	ist agree with infor	mation received and signed	d by presenting agency before cer	tificate
Participant's Signature			Date	
(I certify that I attende	d all hours of the N	Ioral Reconation Therapy T	raining)	
Instructor's Signature _			Date	
I certify that the above	named student at	tended all hours of the Mor www.ce.lsus.edu	al Reconation Therapy Training.)	