



BABIES CAN'T WAIT | PROJECT SCEIs
CONTINUING EDUCATION
DOCUMENTATION FORM DIRECTIONS

Individuals who wish to document BCW Continuing Education Hours for a conference, training or workshop should use the attached **CONTINUING EDUCATION DOCUMENTATION FORM**.

If you are unsure if the program you plan to attend will be approved, you may obtain pre-approval (though not required) by sending the program agenda and/or brochure (before attending) to Project SCEIs. For documentation, the program **MUST** meet the following requirements in order to be accepted:

The focus of the conference, workshop or training must be on:

- A. Children and Families | Birth to 8 (Category 1)
- B. Children with Disabilities and Their Families (Category 2)
- C. A particular disability covered under Georgia's BCW Program: For this category, the requesting individual must submit a statement of justification explaining the pertinence of the training to one's present position.

Unless requesting pre-approval, documentation must be postmarked or fax dated to Project SCEIs no more than **forty-five calendar days following** completion of the conference, training or workshop. NO exceptions!

Continuing Education hours will be determined according to contact hours of the program.

One Hour of Instructional Time = One Contact Hour

If you have any questions, please contact the Project SCEIs office at 229-259-5518 or listen@valdosta.edu.

Please submit the following:

1. **BABIES CAN'T WAIT CONTINUING EDUCATION DOCUMENTATION FORM**
(Complete the fillable PDF form, print and sign.)
2. **ADDITIONAL REQUIRED DOCUMENTATION AS REQUESTED IN SECTION II**

EMAIL, MAIL OR FAX TO:

Project SCEIs CEU Committee

Babies Can't Wait

Dewar College of Education and Human Services

Valdosta State University

1500 N. Patterson St.

Valdosta, GA 31698-0472

Phone: 229-259-5518 **Fax:** 229-219-1225

Email: listen@valdosta.edu



BABIES CAN'T WAIT | PROJECT SCEIs
**CONTINUING EDUCATION
DOCUMENTATION FORM**



This form is to be used by BCW personnel who need to document educational activities for Continuing Education (CEU) credit through BCW.

Please complete both Section I and Section II.

SECTION I. DEMOGRAPHIC DATA

Printed Name: _____

Agency/Position Title: _____

Address: _____

City: _____ State: _____ Zip code: _____

Telephone: (____) _____ Email: _____

Health District: _____ Length of time in Position: _____

Signature: _____ Date Submitted to Project SCEIs: _____

SECTION II.

____ FOR PRE-APPROVAL OF A PROGRAM YOU WANT TO ATTEND (see items 1, 2, & 4 below) OR
____ FOR DOCUMENTATION OF A PROGRAM YOU HAVE ALREADY ATTENDED (see items 1, 2, 3 & 4 below)

Please note: This form must be emailed, post marked or fax dated to Project SCEIs no later than forty-five calendar days FOLLOWING the completion date of the conference, training or workshop.

Training Title: _____

Contact Hours Requested: _____ Training Date: _____ Training Location: _____

Category (Check One):

____ Children and Families | Birth to 8 (Category 1)

____ Children with Disabilities and Their Families (Category 2)

Please submit the following:

1. This form with Section I & II completed.
2. The agenda and/or the program brochure from the program you attended or want to attend.
3. Your certificate of attendance for the program. (If this is a pre-approval request, please submit certificate upon completion of the training. It must be provided to SCEIs before credit will be awarded.)
4. If the program you attended does not have a birth to age 8 focus, but addresses a BCW served disability category, please submit a statement regarding its pertinence to your current position.