



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 (Area 1)
- B. Children with Disabilities and Their Families | Birth to 8 (Area 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](mailto: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:** 229-245-6479  
**Email:** [listen@valdosta.edu](mailto: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 (Area 1)

\_\_\_\_\_ Children with Disabilities and Their Families | Birth to 8 (Area 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.