

ICAADA

1431 North Delaware Street, Indianapolis, IN 46202

ENDORSEMENT OF EDUCATION/TRAINING HOURS APPLICATION

Program Sponsors: _____

Program Title: _____

Program Location: _____

Program Dates: _____ Total Clock Hours: _____

Estimated # of Registrants: _____ Intended Audience: _____

Method of Program Evaluation / Attendance:: _____

PLEASE ATTACH A PROGRAM REVIEW WHICH INCLUDES THE FOLLOWING INFORMATION:

- Measurable Learner Objectives
- Brief Program/Course Description
- Format of Instruction
- Method of Determining Successful Completion (i.e., evaluation form)
- Instructors Names and Credentials
- Agenda Time Frames

Enclosed is the Endorsement Fee of Numeric Field _____ @ \$10.00 per clock hour.

APPLICANT'S NAME (Sponsor's Representative): _____

APPLICANT'S MAILING ADDRESS: _____

APPLICANT'S PHONE NO. or E-MAIL: _____

Allow 30 days for approval.

Do not submit records of attendance but retain for your files only.

Endorsements valid one year from date of application; notify ICAADA of substantial changes to content.

BOARD USE ONLY

Date: _____

Approved For _____ Clock Hours

Not approved Due to: _____

Approving Signature: _____