

**UPPER ROOM MINISTRIES  
The United Methodist Church**

**CONTINUING EDUCATION UNIT REGISTRATION FORM**

**SECTION I (to be completed by sponsoring unit) PLEASE PRINT**

**Check one below:**

- Title of Event: \_\_\_\_\_  CEU Credits: 3 Certificate fee USD \$15.00 – Weekend Event  
 CEU Credits: 0.4 Certificate fee: USD \$ 2.00 – Clergy Training  
 CEU Credits: 0.6 Certificate fee: USD \$ 2.00 – Community Training

Community Name: \_\_\_\_\_

Location of Event: \_\_\_\_\_ Date \_\_\_\_\_

**To be completed by participant (PLEASE PRINT)**

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Denominational/Conf. Affiliation: \_\_\_\_\_

**SECTION II (to be completed by participants at conclusion of event) PLEASE PRINT**

**EVALUATION:** Using the following scale, rate the items below by circling the number that is most appropriate from your perspective.

Course	Most Effective				Effective			Least Effective		
	10	9	8	7	6	5	4	3	2	1
Leadership	10	9	8	7	6	5	4	3	2	1
Applicability	10	9	8	7	6	5	4	3	2	1
Material	10	9	8	7	6	5	4	3	2	1

Write a statement about the impact of this experience on you as a person or how the learnings will be useful to you as a professional. How will you put the learnings into action? (Use back for additional space.)

**SECTION III (to be completed by WSD or instructor) PLEASE PRINT**

This is to certify that the above-named participant has met the requirements for the identified course and is eligible for the granting of \_\_\_\_\_ (specify amount) Continuing Education Units.

Comments: \_\_\_\_\_

**For Weekend Event** \_\_\_\_\_  
**For Training Event** Signature of WSD  
 Instructor for Training

Signature of WLD \_\_\_\_\_  
 Instructor for Training Date: \_\_\_\_\_

Make checks payable to the Upper Room

RETURN THIS FORM TO: **EDNA VAUGHAN, UPPER ROOM EMMAUS MINISTRIES, PO BOX 340004, NASHVILLE, TN 37203-0004**