

Education Provider Application

2024

Approved by FCSI

Date

Total CEUs

This form must be completed by FCSI Education Providers and submitted for each program.

Program Title _____

This program is New Revised Unchanged from last year CEUs requested

Expected program length 60 minutes 90 minutes Other (specify in the agenda)

Education Provider Company Name _____
(Please list all brands being represented in the program)

Type of program (check all that apply): Set date Flexible date "Your place" Webinar

Date(s) program is/are offered
(Leave blank if event is on demand) _____

Contact Information

Education Provider Contact Name _____

Email _____ Phone _____

Address Where Program is Being Held
(leave blank if on demand)

Street _____ City _____ State _____ Zip _____

Program Agenda

Please provide the program agenda with learning objectives, details on the program topics, and presenter biographies. For in-person events, provide the beginning and ending times, breaks and/or lunch times.

Attach separate pages if necessary

Return completed form to:

epp@fcsi.org
1900 E. College Avenue, Suite A401, Normal, IL 61761
309.808.2165

