

# Education Provider Application

2026

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

