



Application to Present a Program for CPE Credit Area Workshop

SAVE this form to your desktop first. Then open it, fill it in, save it and you'll be able to send it by email. Please fill this application out completely. You will be notified when your session is approved or if more information is needed. Submit completed applications to Lisa Yates, PPE Chairperson, [Lisa Yates DKG@outlook.com](mailto:Lisa_Yates_DKG@outlook.com)

Chapter: _____ Person Completing Form: _____

Today's Date: _____ Your Email Address: _____

Area: _____ Area Coordinator: _____

Area Coordinator's Email: _____ Area Coordinator's phone: _____

Title of Session: _____

Brief Description of Session: (300 words or less)

Length of Presentation: _____ Number of CPE Hours Requested: _____

Name of Presenter: (use the name of the primary presenter responsible for contacting all other presenters)

_____ Chapter if applicable: _____

Presenter's Email: _____ Phone: _____

Presenter's Credentials:

Name of Second Presenter: _____ Chapter if applicable: _____

Second Presenter's Email: _____

Second Presenter's Credentials:

Name of a member from your presenting chapter/area who would facilitate your session. (Collect sign-in sheets & introduce) _____

Technology Required: _____ Yes _____ No

If "Yes" what type of technology:

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FOR PPE COMMITTEE USE ONLY

Texas State Organization President's Signature: _____

Date: _____