

International Commission For Hair Removal Certification

Application for CEU Approval

This form must be submitted to ICHRC 6 weeks prior to the event. One form must be completed for each session for which you are applying for credit.

Name(s) of Sponsoring Organization(s) or Provider(s)

Name and Title of Agent(s) for Sponsoring Organization(s)

Mailing Address

City

State/Province

Zip/Postal Code

() _____
Daytime Telephone

() _____
Fax

Email

Title of Planned Program or Activity

Speaker Name

List the length of time to be spent in this activity: _____

Number of anticipated attendees: _____

Date(s)/Location(s) of program: _____

This application must be returned with all of the following:

- A copy of your program
- A one-paragraph synopsis of each session for which you are requesting CEUs
- A list of speakers and their qualifications (i.e., CV, resume, etc.)

Please return completed application(s) to:
ICHRC • 2810 Crossroads Drive, Suite 3800 • Madison, WI 53718-7961
Fax: 608-443-2474

For ICHRC Office Use Only

Number of CEUs approved for this event: _____ Approval Date: _____

CEUs denied _____ Reason: _____

ICHRC Chair/Commissioner Signature: _____