



Early Childhood Intervention

Early Childhood Intervention
Application for Continuing Professional Education Credits
for Early Intervention Specialists

Please read the instructions in the Applying for EIS Approved Continuing Education Credit. Complete this application and return it to the address, fax or email below. Forms must be received at least thirty days before the activity date; otherwise forms may be returned unprocessed.

Date of Activity: _____ Clock Hours (excluding breaks): _____

Please attach a complete time schedule or program agenda. All break times and all presentation times must be clearly defined.

Title (limit to 70 letters/spaces): _____

Location (city): _____ Expected Number of Participants: _____

Presenter(s): Name & Affiliation: Brief Description of Qualifications (or attach resume):

Multiple horizontal lines for providing presenter information.

Educational Objectives: _____

Two horizontal lines for providing educational objectives.

Description of Training (include brochure, if available): _____

One horizontal line for providing description of training.

Sponsor Name: _____

Contact Person: _____ Daytime Phone: _____

Address: _____ Fax: _____

City: _____ State: _____ Zip: _____

Email: _____

I prefer to receive the verification letter, roster, certificates, and evaluation form by:

_____ Mail _____ Email _____ Fax

Return Completed Form to: ECI Continuing Professional Education
Health and Human Services Commission
Early Childhood Intervention Services
1100 West 49th Street, 4th Floor MC3029
Austin, TX 78756
Fax: (512) 776-4340
Email: eci_ceu@hhsc.state.tx.us