

# Teaching / Presenting / Authoring / Precepting Approval Form

Name: \_\_\_\_\_ CDM, CFPP # \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Approval # \_\_\_\_\_ A B C D E F G I J K

\_\_\_\_\_ Sanitation \_\_\_\_\_ FS \_\_\_\_\_ General

Date Processed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ By: \_\_\_\_\_

To apply for CE hours for **teaching** or **presenting**, return this form with the following:

1. An outline
2. Summary of purpose / learning objectives (see reverse side)
3. Summary of what you learned developing this program (see reverse side)
4. Copy of evaluation form
5. Copy of handout
6. Copy of brochure / advertising
  - Content must be industry related to dietary management (as apposed to facility policy)
  - Program must be outside of facility in service requirements
  - Program may be submitted only once for credit
  - Must be at least one hour in length
  - For one-time only programs, one CE hour will be earned for each hour of the presentation
  - For on going courses, one hour CE will be earned for every 10 hours taught

To apply for CE hours for **writing articles** return this form with the following:

1. Bibliography / references (normally listed at the end of the article)
2. Summary of purpose of the article, learning objectives (see reverse side)
3. Summary of what you learned developing this article (see reverse side)
4. Copy of article in publication
  - Article must be published, original, and industry-related
  - Up to four hours CE per year will be granted for writing articles

To apply for CE hours for **precepting**, return this form with the following:

1. Number of hours of face-to-face contact time with the student
2. Date the student completed the field experience
3. Verification of hours by the ANFP approved school on school letterhead
  - Up to five (5) general CE hours will be granted for precepting nutrition & foodservice professional training students from ANFP approved schools during a three-year CE qualifying period

Title of Program: \_\_\_\_\_  
(All continuing education must be related to the fields of Nutrition, Management, Healthcare, or Sanitation and Food Safety)

City: \_\_\_\_\_ State: \_\_\_\_\_

Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ End Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Facility Name or Company Sponsor: \_\_\_\_\_

**Select one and write the number of hours you are requesting in each area:**

Select One: [ ] Teaching [ ] Presenting [ ] Writing Articles [ ] Precepting

Sanitation \_\_\_\_\_ General \_\_\_\_\_

The following form may be used to list learning objectives and summarize what you have learned.

Summary of purpose / learning objectives for **teaching / presenting / writing articles / precepting:**

1.

2.

3.

4.

Summary of what you learned developing this **program / article / precepting:**

1.

2.

3.

4.

[More Questions? More Forms?](#)

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