



Form CE-7

SUBMISSION FOR CHANGE IN AN APPROVED
CONTINUING EDUCATION ACTIVITY

PLEASE TYPE OR PRINT IN INK

Date _____

Title of Activity (Course Number) _____

Name of Provider _____

Date Change will be Effective _____

Requested Change

1. Name Only (New Name) _____

2. Designation (designation requested and justification, not available when class first offered, etc.)

3. If there is any change in course content, difficulty level, title, hours or other substantial change please provide additional information below

ATTACH COPY OF ACTIVITY OUTLINE THAT REFLECTS THE ABOVE DESCRIBED CHANGES (#3 only)

Signature of Administrator: _____

Office Use Only - Do Not Write In This Space

Received _____

1st Offer Date _____

Commission _____

Expiration _____

Comments: _____