

# Continuing Education Activity Plan

## Sponsor Form

Note: This activity sponsor form must be submitted to PARID at least **45 days** prior to the start of the activity.  
The Activity Plan instructor form must also be attached.

**Name of Approved Sponsor:** PARID

**Activity Number:** 0 0 4 5 \_\_\_\_\_  
Sponsor Code      Month / Year      Ascending within month;      Internal code (optional)      Subject Code

**Activity Title:**

**Location of Activity (City and State):**

**Instructor(s) Name(s):**

**Instructor (s) Phone:**

**Instructor(s) Address:**

**Event Contact Person:**

**Event Contact Phone:**

**Event Contact Address:**

**Target audience:**

**Activity Start Date:**                      **Activity Completion Date:**

Start time for Activity: \_\_\_\_\_ am/pm?                      Ending time for Activity: \_\_\_\_\_ am/pm?

2<sup>nd</sup> Day Start time for Activity: \_\_\_ am/pm? 2<sup>nd</sup> Day Ending time for Activity: \_\_\_\_\_ am/pm?

3<sup>rd</sup> Day Start time for Activity: \_\_\_ am/pm? 3<sup>rd</sup> Day Ending time for Activity: \_\_\_\_\_ am/pm?

**Total Number of Continuing Education Credits (CEUs) to be awarded to each participant:** \_\_\_\_\_

Content Area:  
(bold one):

Content Level:  
(refers to participants' knowledge prior to workshop, bold one):

Participating Programs:  
(bold one):

Professional Studies (PS)

Little / none

CMP only

General Studies (GS)

Some

ACET only

Intensive

CMP & ACET BOTH

Teaching

As the RID Approved Sponsor for this RID activity, I certify that the above information is accurate and will be submitted to the RID National Office at least 30 days prior to the start of the activity.

Signature of RID Approved Sponsor Administrator \_\_\_\_\_ Date \_\_\_\_\_