

**Return Form to:**

Eagle Bluff  
28097 Goodview Dr  
Lanesboro, MN 55949  
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# Continuing Education Unit Approval Form



Southeast Service Cooperative  
210 Wood Lake Drive SE  
Rochester, MN 55904  
Office 507.281.6673  
[www.ssc.coop](http://www.ssc.coop)

## USE BLACK INK

Offered by Eagle Bluff Environmental Learning Center in cooperation with Southeast Service Cooperative

Name \_\_\_\_\_ Email \_\_\_\_\_  
(printed or typed, must be legible)

Name of School \_\_\_\_\_

Address \_\_\_\_\_  
Home or School (circle one)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Teaching Position \_\_\_\_\_

Areas of Licensure Held \_\_\_\_\_ Expiration Date \_\_\_\_\_

Title of Experience: **Eagle Bluff Residential Trip** Instructor: **Eagle Bluff Staff**

Dates at Eagle Bluff \_\_\_\_\_

Classes Participated in at Eagle Bluff Environmental Learning Center (list names of classes and programs):

3 Hour Class \_\_\_\_\_

3 Hour Class \_\_\_\_\_

3 Hour Class \_\_\_\_\_

3 Hour Class \_\_\_\_\_

1 Hour Naturalist Program \_\_\_\_\_

1 Hour Naturalist Program \_\_\_\_\_

2 Hour Evening Activity \_\_\_\_\_

2 Hour Evening Activity \_\_\_\_\_

Brief description of your experience, including an evaluation of your experience and the program's content and delivery.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of Continuing Education Units Requested (maximum 18 for 3-day trip, 27 for 4-day, 36 for 5-day): \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY**

CONTINUING EDUCATION UNIT AWARD: The teacher named above is hereby awarded \_\_\_\_\_ clock hours.

EB Signature \_\_\_\_\_

SSC Signature \_\_\_\_\_

Typed Name \_\_\_\_\_

Typed Name \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_