

Return Form to:

Eagle Bluff
28097 Goodview Dr
Lanesboro, MN 55949
Phone: 507-467-2437
Fax: 507-467-3583
schools@eaglebluffmn.org



**Continuing Education
Unit Approval Form**

USE BLACK INK



**Southeast
Service
Cooperative**

Continuing Education Unit Provider
www.ssc.coop info@ssc.coop

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 Amy Grover, SSC Associate Director

Date _____

Contact 507-251-7410 or agrover@ssc.coop