Minnesota Department of Education

Request for Teacher Continuing Education Unit (CEU)

District Name: _____ District Number _____

Training Information

Building/facility name where the training was held: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Complete as many forms as necessary to include all participants who attended training.

Participant First/Last Name	Title of Training (as it appears on the MDE web page)	Date of Training

_____ _____

School/district administrator verifying participant involvement Title

Email: _____ Phone: _____

_____

Signature of school/district administrator verifying participant involvement

Instructions

Send completed form to Karen Reiter: karen.reiter@state.mn.us for processing. CEU certificates for each participant listed will be returned to you. If you have any questions about this process, please contact Karen at 651.582.8386.

Rev. August 2015