



Community Health Worker Collaborative of South Dakota

3021 S. Prairie Ave, Sioux Falls, SD 57105

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CHW/CHR Individual Continuing Education Approval Request Form

Please complete this form to obtain approval of a Continuing Education (CE) course prior to the date of the course. *Please submit this application and the required supporting documents **30 days** prior to the course date to allow for processing.*

Refer to list of approved CEU providers, if the organization providing CEUs at the training or conference is not on the above list, please complete the form below.

Date: _____

Name of Person Requesting Approval: _____

Phone: _____ Email: _____

Notification regarding approval of the training will be sent to this email address.

Date of Training: _____

Title of Training: *Detailed training program or agenda must be attached:*

Speaker/Presenter/Author: *Short bio(s) or resume must be attached:*

Sponsor: _____

Location: _____

Total number of CEU hours requested: _____

Has this course been approved previously? Yes NO

If yes, please indicate most recent course date: _____

Please direct any questions to info@chwsd.org

Approved 2025.11.20