

CEU Application Form 2016-2017 Best Care Connected

PLEASE PRINT

Name _____

Address _____

City _____ State _____ Zip _____

County _____ Day Phone _____

\$10 fee per person per application

Please make your check/money order payable to: U of A Cooperative Extension Service

Mail form and check/money order to:

**Best Care Connected
U of A Cooperative Extension Service
2301 S. University Ave
Little Rock, AR 72204**

TRAINER USE ONLY

Title of Program _____ Best Care Connected

Location _____ Online

Trainer Signature _____

Length of Instruction/Program _____ hours

Completion Date _____

Sponsoring Organization _____ University of Arkansas Cooperative Extension Service