

## 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 \_\_\_\_\_ 5 hours

Completion Date \_\_\_\_\_

Sponsoring Organization \_\_\_\_\_ University of Arkansas Cooperative Extension Service