Instructions for Continuing Education (CE) Credit – Half Sheet Form

Cosponsors will receive half sheet forms electronically with the following information included – when using blank half sheet forms, it is the cosponsor's responsibility to ensure that this information is completed and uniform for the CEU program to ensure CE credit is awarded to participants:

- Course Title
- Program Start Date & End Date
- Program Start Time & End Time
- Location (City, State)
- Course # (provided by IWCC Program Administrator)
- Approved Contact Hours
- Cosponsoring Organization

In order to receive CE credit for this program, participants must provide the following information on the half sheet form:

- Last four digits of Social Security Number
- First & Last Name
- Birth Date – XX/XX/XXXX
- Address, City, State, Zip
- Phone
- Email Address
- License/Certification Number (REQUIRED FOR CREDIT)

Be sure CEU participants sign any rosters that are available for each program.

For questions related to Nursing CEU Cosponsorship, contact Sheri Splichal at (712)-325-3265 or ssplichal@iwcc.edu.