



# Request for CACEO Credit for a Non-CACEO Course

Please fill out ALL of the requested information below and submit your request for credit to the CACEO office at the following address: Attn: Elizabeth Cardwell, 1215 K Street, Suite 2290, Sacramento, CA 95814 or via e-mail at [ecardwell@caceo.us](mailto:ecardwell@caceo.us), or via fax at 916-231-2141.

## Student Information

Student Name:	Agency:	
Street Address:		
City:	State:	Zip:
Phone:	E-mail:	

## Course Information

Course Name:	Course Date(s):	thru
Course Time(s):	Course Location:	
Course Description:		

Instructor:	Instructor's Education:
Instructor's Qualifications:	
Years of Experience:	Hours Teaching Current Topic(s):

Please attach all of the following:

Instructor's Resume     
  Course Powerpoint(s)     
  Course Handout(s)

Testing Method\*:

\*To measure the retention of information

## Payment Information - \$25 Fee

Payment Type:	<input type="checkbox"/> VI	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover	<input type="checkbox"/> Check # _____
Credit Card Number:				
Exp. Date:	Security Code:			
Name on Card:				
Billing Address:				