



**Early Childhood Intervention
Application for Continuing Professional Education Credits
for Early Intervention Specialists**

Please read the instructions in the Applying for EIS Approved Continuing Education Credit. Complete this application and return it to the address, fax or email below. Forms must be received at least thirty days before the activity date; otherwise forms may be returned unprocessed.

Date of Activity: _____ **Clock Hours** (excluding breaks): _____

Please attach a complete time schedule or program agenda. All break times and all presentation times must be clearly defined.

Title (limit to 70 letters/spaces): _____

Location (city): _____ **Expected Number of Participants:** _____

Presenter(s): **Name & Affiliation:** **Brief Description of Qualifications (or attach resume):**

Educational Objectives: _____

Description of Training (include brochure, if available): _____

Sponsor Name: _____

Contact Person: _____ **Daytime Phone:** _____

Address: _____ **Fax:** _____

City: _____ **State:** _____ **Zip:** _____

Email: _____

I prefer to receive the verification letter, roster, certificates, and evaluation form by:

_____ **Mail** _____ **Email** _____ **Fax**

Return Completed Form to: ECI Continuing Professional Education
Early Childhood Intervention
6330 East Hwy 290, Ste 300
Austin, TX 78723
Fax: (512) 424-6799
Email: Jennifer.Marshall@dars.state.tx.us