Rev. 06/2026

Continuing Education Activity Plan Sponsor Form

Hosting your event

Activity Number:

Activity Title:

Location of Activity:

City: **State:** **Choose:** **on-site** **virtual**

Instructor(s):

Contact Person/People:

Contact Phone(s):

Email: **Website:**

Who is the target audience?

Activity Start Date: **Activity Completion Date:**

Start time of Activity: **Ending time of Activity:**

Total number of CEUs to be awarded to each participant:

Content Area:

Professional Studies (PS)

PPO (PS)

General Studies (GS)

Content Level:

Little/None

Some

Extensive

Teaching

Participating Programs:

CMP only

ACET only

CMP and ACET both

As the RID Approved Sponsor for the RID activity, I certify that the above information is accurate and will be filed ONLINE with RID through myaccount.rid.org prior to the start of the activity.

RID Approved Sponsor Signature Administrator:

Date: