



# EI Training Activity Request for Credit Pre-Approval (Sponsoring Organization)

Complete this questionnaire to request pre-approval of contact hours for EI Activities that are not sponsored by the Illinois Early Intervention Training Program and are not posted on the website [www.illinoiseittraining.org](http://www.illinoiseittraining.org). Fax or mail your request to:

IL Early Intervention Training Program  
7550 W 183<sup>rd</sup> Street  
Tinley Park, IL 60477  
FAX: 708.444.8470  
PHONE: 708.429.0227  
TOLL FREE: 866.509.3867

**✦PLEASE NOTE: Processing may take up to 30 business days (four – six weeks) upon receipt of request.**

Organization Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Daytime Phone: ( ) \_\_\_\_\_

Contact E-Mail: \_\_\_\_\_ Organization Website: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Clearly type/print/write in the blanks below (please no pencil). After the information has been reviewed, this form will be returned the above.

**Include the following information:**

1. Title of Workshop: \_\_\_\_\_ Date Held: \_\_\_\_\_

Presenter(s): \_\_\_\_\_

Site Address of Workshop: \_\_\_\_\_ City/State: \_\_\_\_\_

Sign/In Time: \_\_\_\_\_ Begin Time: \_\_\_\_\_ End Time: \_\_\_\_\_ Cost to Attend: \_\_\_\_\_

✦ Has this event been approved for EI credit in the past? YES NO Date held \_\_\_\_\_ Hours Approved: \_\_\_\_\_

Would you like this event posted on the EI Training Program's web calendar? \_\_\_\_Yes \_\_\_\_No If yes, please include registration contact information.

2. Please Attach: \* *Brief description of workshop* \* *Copy of timed program or agenda* \* *Presenter(s) bio or resume*

3. How is this relevant to infants/toddlers ages birth to three? \* *Write 50-100 words in response to this question.*

**FOR OFFICE USE ONLY**

Credit Granted In the Following Area(s):

SEAL OF APPROVAL

- \_\_\_\_\_ Development of Young Children: Typical
- \_\_\_\_\_ Development of Young Children: Atypical
- \_\_\_\_\_ Working w/Families of Young Children w/Disabilities
- \_\_\_\_\_ Intervention Strategies ofr Young Children w/Special Needs
- \_\_\_\_\_ Assessment of Young Children w/Special Needs

\_\_\_\_\_ TOTAL HOURS APPROVED

IL Early Intervention Training Program

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*If EI Credit has been awarded, you may include to your proof of attendance/participation: "Approved by the Illinois Early Intervention Training Program for \_\_\_\_\_ credential hours".*