**Continuing Education Activity Plan Sponsor Form**

***Please return as a word document.***

This activity must be submitted to ICRID at least 45 days prior to the start of the activity. A copy of this form along with the Activity Plan Instructor’s form must be kept on file for future auditing purposes.

Name of Approved Sponsor: ICRID, RID Sponsor Administrator, Laura Leffler

Activity Number: (RID Sponsor Administrator will supply.)

Activity Title:

Location of Activity:

Instructor(s) Name(s):

Contact Person/People: Contact Phone(s):

Contact Email: Web site: (optional)

Who is the Target Audience?

Activity Start Date: Activity Completion Date:

Start Time for Activity: Ending Time for Activity:

Total number of CEUs to be awarded to each participant: =========================================================================== **Content Area: Content Level: Participating Programs:**

 Professional Studies (PS) Little/none CMP only

 General Studies (GS) Some ACET only

 Extensive CMP & ACET Both

 Teaching

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 [www.rid.org](http://www.rid.org) at least 30 days prior to the start of the activity.

 RID Approved Sponsor Signature Administrator: