

**MULTI-PURPOSE CONTINUING EDUCATION FORM**  
**Planning and Zoning Administration Program**  
**Center for Government Services**



Check the appropriate box(es). I hold a:

- Planning/Zoning Board Secretary Certificate
- Land Use Administrator Certificate
- Zoning Official Certificate

Date (please print): \_\_\_\_\_

Name \_\_\_\_\_ SS# \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City State Zip

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Employer \_\_\_\_\_

Business Address \_\_\_\_\_  
Street City State Zip

E-mail Address \_\_\_\_\_

Official Title \_\_\_\_\_

**Part A: Type of Request**

CHECK ONE:

- Pre-approval for upcoming continuing education program

This type of request must be accompanied by:

1. A copy of your completed registration form for the program
2. A copy of the program description, including length (number of days and hours each day)

- Credit for continuing education program that was NOT pre-approved

This type of request must be accompanied by:

1. A copy of the program description, including length (number of days and hours each day)
2. A copy of a certificate of completion or attendance confirmation from the sponsoring organization OR

3. The instructor's original signature here: \_\_\_\_\_

- Credit for continuing education program that was pre-approved

This type of request must be accompanied by:

1. A copy of this form with the pre-approval indicated
2. A copy of a certificate of completion or attendance confirmation from the sponsoring organization OR

3. The instructor's original signature here: \_\_\_\_\_

**Part B: Program Information — PLEASE PRINT**

Program Title \_\_\_\_\_

Sponsoring Organization \_\_\_\_\_

Program Location \_\_\_\_\_

Date(s) of Program \_\_\_\_\_ Classroom Hours (excluding lunch) \_\_\_\_\_

Instructor(s) \_\_\_\_\_

\_\_\_\_\_

**NOTE: You must attach a copy of the agenda from any non-luncheon event involving more than one speaker and longer than one hour in duration.**

**Part C: Approval Status — FOR RUTGERS USE ONLY**

1. a.  Pre-approved upcoming continuing education program

Number of hours approved: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

- b.  Credit for continuing education program that was pre-approved

\_\_\_\_\_ Date: \_\_\_\_\_

2.  Credit for continuing education program that was NOT pre-approved

Number of hours approved: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Return the completed form to:

Jackie Zelinka  
Program Development Administrator  
Rutgers, The State University of New Jersey  
Center for Government Services  
303 George Street, Suite 604  
New Brunswick, NJ 08901-2020