

**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) \_\_\_\_\_

**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  
33 Livingston Avenue, Suite 200  
New Brunswick, NJ 08901-1979