

**PROGRAMS FOR  
CONTINUED LEARNING**  
OLD DOMINION UNIVERSITY

Post Institute Training Camp Participant:

The Programs for Continued Learning office of the Darden College of Education, Old Dominion University, is proud to announce its support of the Post Institute. In connection to our support, we are endorsing the Post Institute: Family Centered Regulatory Therapy Training Camps. Individuals who attend these camps are eligible to receive Continuing Education Unit credits (CEU's) and a certificate by mail from Old Dominion University's Darden College of Education. This opportunity affords an individual a hard copy certificate, verifying professional growth, and a recorded verification of completion that is maintained in the University's Continuing Education Operations office. **A certificate and permanent transcript of CEU's** may be useful to professionals for promotion, employment, or certification purposes. This offering is separate from the camp registration fee and is optional to attendees.

If interested in obtaining CEU credit from Old Dominion University, you may register for CEU's by completing and returning the bottom portion of this announcement with your check or money order in the amount of **\$ 25.00 payable to Old Dominion University along with a copy of your certificate of completion from the Post Institute.** Old Dominion University will not issue CEU's without the certificate of completion.

**Please mail to:** **Programs for Continued Learning**  
**Darden College of Education, Rm. 122**  
**Old Dominion University**  
**Norfolk, VA 23529**

For more information, call the Programs for Continued Learning office at (757) 683-4686 or Theresa Mallette at (757) 638-5500.

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Post Institute - Application for Continuing Education Units

The participant named below has attended the following training program:

**Post Institute: Family Centered Regulatory Therapy Couples Training Camp**

**Please Check One**

\_\_\_\_ **July 18-22, 2007 – Tumacacori, AZ CEU's 25-Hours Professional Development**

Please Print

Name \_\_\_\_\_ (Optional)  
SS# \_\_\_\_\_

Address \_\_\_\_\_

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

Company/Business/Agency \_\_\_\_\_

Date \_\_\_\_\_ Tel# \_\_\_\_\_