

STATE OF NEBRASKA
AUDITOR OF PUBLIC ACCOUNTS

State Capitol, Suite 2303
P.O. Box 98917
Lincoln, NE 68509-8917
<https://auditors.nebraska.gov/>

CONTINUING EDUCATION TRAINING REQUEST FORM
USE A SEPARATE FORM FOR EACH QUALIFICATION REQUESTED

Please complete the following and include the requested attachments:

Name of requesting person: _____

Entity Name: _____

E-mail: _____

Address: _____

City: _____ State: _____ Zip: _____

Course Title: _____

Requested number of hours of credit: _____

Note: Hours should be based on 50-minute hour and must be rounded DOWN to nearest whole number.

Date(s) of course/presentation: _____

Course Description: _____

Sponsor of event/training: _____

Registration Fees or Other Costs Required to Attend: Yes No

Method of Delivery: (Please check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Formal (live) | <input type="checkbox"/> Video-conference | <input type="checkbox"/> Other: (please specify) |
| <input type="checkbox"/> Web-cast (interactive-formal) | <input type="checkbox"/> Audio-conference | _____ |
| <input type="checkbox"/> College Course | <input type="checkbox"/> Tele-conference | |

Location of Course: _____

Contact Person: _____ Phone #: _____

Link to Course Information (if applicable): _____

Attachments that must be included:

1. Course outline/syllabus
2. Course timeline
3. Name and background of Instructor/Speaker

A statement describing how this course relates to your job duties as a county/municipality treasurer may be requested.