

Center for Continuing Education



Handbook of Policies and Procedures

(Revised March 2002)

Wendell Mitchell Hall
Troy, Alabama 36082
334-670-3495

Center for Continuing Education
Handbook of Policies and Procedures

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10 contact hours = 1 CEU

Center for Continuing Education

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I. Troy State University A Strategic Plan: 2001-2005 Strategic Initiative # 5

Troy State University will build continuing education and professional development programs to meet the needs of the life-long learner.¹

II. Mission Statement

The mission of the Center for Continuing Education (CCE) is to implement Strategic Initiative #5 for lifelong learners. Committed to the philosophy that learning is a continuum, the CCE will respond to the needs and interests of learners by offering programming to enrich the university community. Such programs will facilitate self-development by bringing together individual learners, faculty, businesses, industries, and professional groups.

To accomplish this mission, the CCE will promote continuing education credit and non-credit programs to those who seek services for their professional development and/or personal enrichment. The CCE will coordinate, facilitate, and support the development and implementation of programs and activities such as seminars, workshops, and conferences. The CCE will promote excellence of programming by serving as a liaison for entities within the University who offer approved continuing education opportunities to those life-long learners' needs identified in Troy State University's Strategic Initiative #5.

¹ *Over The Horizon: Strong Values-Clear Vision: Troy State University, A Strategic Plan: 2001-2005, May 24, 2001.*

III. Philosophy

Committed to the philosophy that learning is a continuum, Troy State University's Center for Continuing Education responds to the needs and interests of learners, offering programs to enrich and renew their personal, professional, and academic lives.

IV. Objectives

1. Coordinate with participating departments to schedule continuing education credit or non-credit classes, seminars, workshops, and conferences.
2. Outline procedures for university departments to follow concerning the logistics of continuing education activities.
3. Facilitate and encourage continuing education opportunities between Troy State University and organizations and agencies.
4. Serve as the central unit for approved continuing education credit and non-credit programs at Troy State University.
5. Develop and implement a uniform course numbering system in cooperation with the Registrar at Troy State University.

V. Organization

The Center for Continuing Education (CCE) is designated the central unit for all continuing education activities conducted by Troy State University. The CCE is located within the Division of Academic Affairs and is accountable to the Provost.

VI. Guidelines for Program Planning

The procedures listed below should be followed to deliver a Continuing Education Program at Troy State University.

- a. Submit a copy of the Program Request Form to the Center for Continuing Education for approval (Appendix A).
- b. Upon receipt of a Program Request Form, a continuing education program number will be assigned by the Center for Continuing Education for all approved programs.
- c. The Program Sponsor shall submit a completed Instructor of Record Form (Appendix A). The program sponsor, by signature (on Program Request Form), attests to the following criteria for the Instructor of Record:
 - 1) competence in the subject matter,
 - 2) understanding of the purposes and intended learning outcomes,
 - 3) knowledge and skill in the selection and use of appropriate instructional strategies, and
 - 4) ability to effectively communicate educational content to the target audience.²
- d. A Program Needs Form is available in Appendix (A) to assist program sponsors in identifying needed supplies, equipment and space requirements for the program (to be completed by the Instructor of Record and returned to the Program Sponsor).
- e. Attendance Sign-in Sheets and Program Evaluation Forms should be completed by participants of the program (Appendix B).
- f. Certificate of Participation, if awarded, may be individualized by each Program Sponsor (see sample in Appendix B). The Program Sponsor will be

² *The Continuing Education Unit: Guidelines*, The Commission on Colleges, The Southern Association of Colleges and Schools, Fifth Edition, Reprinted 2000.

- responsible for duplicating and distributing the Certificate of Participation for all participants who are awarded a Certificate.
- g. A minimum \$5.00 administrative fee will be assessed for participants who may wish to receive Continuing Education Credit. This fee may not apply to programs that are funded by local, state, federal, or corporate sponsors. This administrative fee should be included in the program registration fee (if applicable). Collection of both administrative fees and registration fees is the responsibility of the Program Sponsor. All administrative fees should be deposited into the Center for Continuing Education Revenue Account.
 - h. After completion of the program the sign-in sheets and evaluations should be returned to the Center for Continuing Education.

VII. Administrative Responsibilities

The Coordinator of the Center for Continuing Education (CCE) is responsible for inputting information received from the Program Sponsors for completed continuing education credit and non-credit programs. The maintenance of an individual's permanent record will be the responsibility of the University Registrar. The Coordinator will input continuing education data for individuals who satisfactorily complete an approved program offered through the Center for Continuing Education. When determining continuing education credit, the Coordinator will use the criteria as follows: one Continuing Education Unit corresponds to ten contact hours of instruction or participation in a CCE approved experience.

A. Transcripts

Individuals requesting continuing education transcripts should contact the Office of University Records. Fees may be charged for a copy of a transcript.

B. Evaluation

Instructors of record will have participants complete a program evaluation form (Appendix B). A copy of the evaluation forms will be kept on file in the Center for Continuing Education.

Appendix A

Troy State University
Center for Continuing Education

Program Request Form

Title of Program _____

Date(s) of Program _____

Time(s) of Program _____

Number of Contact Hours of Program _____

Instructor of Record Name & Address _____

Educational Needs _____

Rationale of Program _____

Program Description _____

Expected Outcome _____

Targeted Audience _____

Estimated Number of Participants _____

Submitted by Program Sponsor _____

(Signature of Appropriate Department Chair/Dean, see Section VI, C of
the Center for Continuing Education Handbook of Policies and Procedures)

Must be submitted with Instructor of Record Form

For Center for Continuing Education use only:

Course/Workshop Number _____

Approved _____

Date _____

Melissa
at
ASST

Troy State University
Center for Continuing Education

Program Needs Form

Instructor Name _____

Address _____

Phone _____

Instructor's Supply List _____

Student's Supply List _____

Audio/Visual Equipment Needs

(please list any and all equipment needed for this course and date(s) required)

Room/Space Requirements

(please list any special needs required for your classroom in order to make room assignments)

Facility requests for rooms and equipment should be placed
through the Trojan Center Director's Office.

Program Needs Form should be returned to the Program Sponsor.

Troy State University

(Department Name)

Instructor of Record Form

The Center for Continuing Education at Troy State University requires a completed Instructor of Record Form on file before the first date the course/workshop meets. Please complete and return to the Center for Continuing Education.

Dr. Ms.
Mr. Mrs.
First Name M.I. Last Name

Address

SS#

Work Phone Home Phone

FAX # E-mail Address

Areas of Expertise (optional).
If appropriate, include grade level and a brief abstract for each topic listed. You may wish to include additional sheets to describe your program topic.

Please mail or fax this completed form and any other information to

Center for Continuing Education
Wendell Mitchell Hall
Troy State University
Troy, Alabama 36082
FAX: 334-670-3621

Appendix B

**Troy State University
Center for Continuing Education**

Attendance Sign-In Sheet

Program Number _____ Program Name _____ Date _____

Name of Participant	SS#	E-mail Address	Continuing Education Credit
Home Address	City	State, Zip	Administrative Fee

Name of Participant	SS#	E-mail Address	Continuing Education Credit
Home Address	City	State, Zip	Administrative Fee

Name of Participant	SS#	E-mail Address	Continuing Education Credit
Home Address	City	State, Zip	Administrative Fee

Name of Participant	SS#	E-mail Address	Continuing Education Credit
Home Address	City	State, Zip	Administrative Fee

Name of Participant	SS#	E-mail Address	Continuing Education Credit
Home Address	City	State, Zip	Administrative Fee

Name of Participant	SS#	E-mail Address	Continuing Education Credit
Home Address	City	State, Zip	Administrative Fee

Name of Participant	SS#	E-mail Address	Continuing Education Credit
Home Address	City	State, Zip	Administrative Fee

Name of Participant	SS#	E-mail Address	Continuing Education Credit
Home Address	City	State, Zip	Administrative Fee

Troy State University Center for Continuing Education

Program Evaluation Form

Please take a few moments to evaluate the program that you have just completed. Your responses will assist Troy State University in ensuring quality Continuing Education programs. Thank you.

About the Program:

Program Title: _____

Program Date(s): _____

About the Participant (optional):

Name: _____

Home Address: _____

About the Program:

Please circle your response.

- | | | | | |
|---|-----------------------|--------------|--------------------------|-----------------|
| 1. The Content of the program met my expectations. | <u>Strongly Agree</u> | <u>Agree</u> | <u>Strongly Disagree</u> | <u>Disagree</u> |
| 2. The program objectives were met. | <u>Strongly Agree</u> | <u>Agree</u> | <u>Strongly Disagree</u> | <u>Disagree</u> |
| 3. The method of instruction was appropriate for the objectives of the program. | <u>Strongly Agree</u> | <u>Agree</u> | <u>Strongly Disagree</u> | <u>Disagree</u> |
| 4. The presentation was clear, understandable, and well organized. | <u>Strongly Agree</u> | <u>Agree</u> | <u>Strongly Disagree</u> | <u>Disagree</u> |
| 5. The length of time for this program was appropriate. | <u>Strongly Agree</u> | <u>Agree</u> | <u>Strongly Disagree</u> | <u>Disagree</u> |
| 6. I would recommend this program to others. | <u>Strongly Agree</u> | <u>Agree</u> | <u>Strongly Disagree</u> | <u>Disagree</u> |
| 7. I plan to attend other Continuing Education programs offered by Troy State University. | <u>Strongly Agree</u> | <u>Agree</u> | <u>Strongly Disagree</u> | <u>Disagree</u> |

Comments: _____

Certificate of Participation

Center for Continuing Education
Troy State University, Troy, Alabama 36082

Participant _____

Program Number:
Participation Hours:

Program Sponsor _____