



## SGMP Education Contact Hour Approval Request

Please submit form 30 days prior to monthly education program

### 1. Chapter

### 2. Request for Contact Hour Approval

Submitted by

Contact Email

Contact Telephone  
Number

Date of Request

Date of Program

City/Town

State

Zip

### 3. Program Format

- Face to Face
- Live Webinar
- Recorded Webinar
- Hybrid

### 4. Title of Presentation

### 5. Core Competency

6. Speaker Name and Title

7. Brief Description of Program

8. Please list three (3) learning objectives or "take-aways" from your presentation

Take-Away 1

Take-Away 2

Take-Away 3

9. Can this program be posted in the Chapter Tool Box

Yes

No

10. Additional Information (if Applicable)