

Name: _____

Address: _____

Telephone: _____

E-Mail: _____

Name of Event: _____

Date of the event: _____

We welcome your feedback about the program.

Please return this form within 30 days. You will hear back from us within 10 business days upon receipt of this document. If you do not hear from us, or want to speak with the Director of Continuing Education, please call

(517) 353-3060 and ask to speak with the Continuing Education Director.

E mail: swkce@msu.edu

Michigan State University, School of Social Work

Baker Hall

655 Auditorium Road, Room 2

East Lansing, MI 48824

MSU Social Work Continuing Education www.socialwork.msu.edu/ceu 517-353-3060

Michigan State University School of Social Work, an accredited social work education program, is authorized by the Michigan Licensure Law Administrative Rule 338.2965 to award Michigan social work continuing education contact hours. We are also an approved Michigan Social Work Continuing Education Collaborative Provider (provider #0001) for all programs through August 2020, renewed annually.

INTEROFFICE USE ONLY

Provide feedback regarding the following (choose all that apply):

- ADA Request
- Course content
- CE Certificate
- Change in Advertised Schedule
- Site Complaint or Problem
- Cancelled Event
- Discrepancy in Assignment of CE hours
- Issue with Handouts and/or References
- Act of God/Weather
- Other: _____

Date the form was received and how (email or mail): _____

Staff Initials: _____

Date Continuing Education Director was notified: _____

Review and Resolution with signatures and dates: _____