

**LOCAL OFFICIAL'S CERTIFICATION OF NEED  
FOR CONTINUING EDUCATION PROGRAM**

**NOTE:** The Planning Director of a jurisdiction, or the COG Director serving a jurisdiction, may certify to the SCPEAC that a particular continuing education program is appropriate to meet the needs of that jurisdiction.

This certification form, together with the required information referenced therein, shall be submitted to the Committee. **If no objections are raised** by a member of the SCPEAC within 10 working days of receipt, the continuing education program shall be considered accepted. If an objection is raised, a teleconference meeting shall be scheduled, with appropriate public notice, as soon as reasonably possible, to review the application.

Applications are due no later than 30 days prior to the first scheduled presentation of a program or class. The Committee will consider extenuating circumstances where the 30 day deadline cannot be met.

**1. Certifying Official's Information:**

- a. Name: \_\_\_\_\_
- b. Title: \_\_\_\_\_
- c. Jurisdiction for which certification is being made: \_\_\_\_\_
- d. Address of Jurisdiction: \_\_\_\_\_
- e. City: \_\_\_\_\_  
Zip Code: \_\_\_\_\_
- f. Telephone: \_\_\_\_\_
- g. Email: \_\_\_\_\_
- h. For COG Directors:
  - i. Name of COG: \_\_\_\_\_
  - ii. Address of COG: \_\_\_\_\_
  - iii. City: \_\_\_\_\_  
Zip Code: \_\_\_\_\_
  - iv. Telephone: \_\_\_\_\_
  - v. Email: \_\_\_\_\_

**2. Information on Educational Program:**

- a. Title of Program: \_\_\_\_\_
- b. Name of Organization that is providing or sponsoring the Program:
  - i. Organization: \_\_\_\_\_

- ii. Street Address: \_\_\_\_\_
- iii. City: \_\_\_\_\_
- State: \_\_\_\_\_
- Zip Code: \_\_\_\_\_
- iv. Contact Person: \_\_\_\_\_
- v. Title: \_\_\_\_\_
- vi. Telephone: \_\_\_\_\_
- vii. Email: \_\_\_\_\_

c. Date(s) and Location(s) of Program:

d. Briefly describe the program and why it is relevant to your jurisdiction:

**3. Method of presentation (check all that apply. All sessions must have a Coordinator present):**

- a. Presentor(s) in room with participants ☐
- b. Live presentation via close circuit TV, video conferencing, or similar; Coordinator present ☐
- c. Videotape or CD/DVD presentation; Facilitator present ☐
- d. Webinar or similar; Coordinator present ☐
- e. Other (describe) \_\_\_\_\_

**4. Description of materials to be distributed (check/fill in all that apply):**

a. Powerpoint handout: <input type="checkbox"/>	number of slides:
b. Other handouts: <input type="checkbox"/>	total pages:

c. CD/DVD: ☐

d. Other (describe) \_\_\_\_\_

e. None: ☐

**5. When are materials distributed?**

- a. Sent before the program: ☐
- b. Handed out at the program: ☐
- c. Other (describe) \_\_\_\_\_

**6. Required attachments (5 copies distributed as described below):**

- a. Course description and outline including estimated time per section

- b. Brochure, if available
- c. Course Presenter(s) and credentials (include brief resumes and qualifications)
- d. Copies of all handouts and course materials
- e. Evaluation Form and method of evaluation (each program must be evaluated)

**7. Instruction Time:**

- a. Indicate the total minutes of instruction time: \_\_\_\_\_

**Note:** Breaks, meals and introductions should not be counted. A reasonable period of Q and A should be included and counted.

**8. Local contact person (if other than Certifying Official):**

- a. Name: \_\_\_\_\_
- b. Title: \_\_\_\_\_
- c. Jurisdiction: \_\_\_\_\_
- d. Telephone: \_\_\_\_\_
- e. Email: \_\_\_\_\_

**9. Certification. By Submitting this application, the applicant agrees to:**

- a. Allow in-person observation, without charge, of the Program by the SCPEAC Committee members. Any food, travel or lodging costs will be the responsibility of the Committee member(s).
- b. The Certifying Official acknowledges that its approval for this Program may be withdrawn for violations of the regulations or failure to comply with the agreements and representations contained herein and as may be required by the SCPEAC.
- c. I do hereby certify that this program satisfies the current continuing education needs of this community.

- i. Name: \_\_\_\_\_
- ii . Title: \_\_\_\_\_
- iii. Signature: \_\_\_\_\_
- iv. Date: \_\_\_\_\_

**Application and all Materials may be submitted in one of the following means:**

1. Electronic submission to each of the committee members listed below via email; or
2. Hardcopy via U. S. Mail, 1 copy each to each committee member; or
3. Electronic submission of the application via email to all committee members, and submit hardcopy supporting materials via U.S. Mail to each member, if materials not available electronically.
4. Please cc all applications to the Chairman's assistant, Krista Wiedmeyer at [kristaw@hiltonheadislandsc.gov](mailto:kristaw@hiltonheadislandsc.gov)

To access committee members email and postal addresses visit the link below:

<https://www.scstatehouse.gov/SCPEAC/members.htm>