

Submit to the OHR c/o Ros McNeill rmcneill@upenn.edu

PART I – CRC CONTACT DETAILS

Attendee: _____

Penn Address: _____ City, State & Zip: _____

Phone: _____ Email: _____

PART II – CORE COURSE DETAILS

Course Title: _____

Course Date: _____ Hours Requested: _____ (instructional time - do not include registration or breaks)

Program Type: Workshop Conference Webinar University Course Other

PART III - REQUIRED ATTACHMENTS (All attachments must be submitted along with this completed form)

- | | |
|---|--|
| <input type="checkbox"/> Content Summary | <input type="checkbox"/> Learning Objectives |
| <input type="checkbox"/> Course Evaluation Form | <input type="checkbox"/> Speaker Bio (Qualifications/Degree/Title) |
| <input type="checkbox"/> Course Curriculum (Program Description) | <input type="checkbox"/> Specific Course Details |
| <input type="checkbox"/> Verification of attendance (Letter, certificate, registration form, other) | |

PART IV- PROGRAM CONTACT DETAILS

Program Provider: _____

Address: _____ City, State & Zip: _____

Contact Person: _____ Phone: _____

Email: _____

OCR Staff Signature: _____

<p><u>PART V- REVIEW BY OHR</u></p> <p><input type="checkbox"/> Date Received _____ <input type="checkbox"/> Date Processed _____</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Number of Credits _____</p> <p><input type="checkbox"/> Additional Documents required _____</p> <p><input type="checkbox"/> Course does not meet criteria for HSR work shop credit</p> <p><input type="checkbox"/> Reviewed by Initials _____</p>
