**Item 3a: Continuing Education Inventory Form**

School Name: _____

Location/City (Please identify all campus locations at which Continuing Education programs may be offered): _____

For each CE program offered, provide the information requested below. See the previous page for additional information.

| Continuing Education Title | Length (Weeks) | Contact Hours | Tuition | Fees | Cost of Books & Supplies |
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Duplicate this page if additional space is needed and for additional CE programs.