

Item 43a: 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

Duplicate this page if additional space is needed and for additional CE programs.