

APPENDIX C

SC Planning Education Advisory Committee (SCPEAC)

Mr. Steve Riley, AICP
SCPEAC Chairman
Town Manager
One Town Center Court
Hilton Head Island, SC 29928
SteveR@hiltonheadislandsc.gov
843-341-4700

**UNIFORM APPLICATION FOR ACCREDITATION OF
CONTINUING EDUCATION COURSE**

1) Name & address of organization providing or sponsoring the course OR name of an individual applicant, unaffiliated with an organization:

a) Sponsor Individual

b) Sponsor's/Organization's or Individual Applicant's
Name: _____

Street Address:

City: _____

State: _____ Zip Code: _____

c) Contact Person, if
sponsor _____

d) Telephone (_____) _____

e) Fax Number (_____) _____

f) Email Address: _____

2) Title of educational
activity: _____

3) Date(s) and location(s):

-
- 4) Writing surface available? ___ Yes ___ No
- 5) Method(s) of presentation (check those that apply—all sessions must have live direction by faculty or professional planning discussant):
- a) ___ faculty in room with participants
 - b) ___ satellite/microwave, discussion leader present
 - c) ___ videotape presentation, discussion leader present
 - d) ___ Other (describe): _____
- 6) Method of Advertisement: _____
-
- 7) Description of materials to be distributed (check/fill all that apply):
- a) Powerpoint handout _____; number of slides _____
 - b) Other Handouts _____
 - i) Total pages _____
 - c) Videotape _____
 - d) None _____
 - e) Other (describe) _____
- 8) When are materials distributed (check)?
- a) ___ Sent before program
 - b) ___ Handed out at program
 - c) ___ Other: _____
- 9) **REQUIRED ATTACHMENTS to this application (6 copies distributed as described below):**
- a) Course description and outline including estimated time per section
 - b) Total credits (minutes/hours) of instruction including Q and A, as applicable
 - c) Brochure, if available
 - d) Faculty name(s) and credentials (include brief resume(s) of faculty)
 - e) Powerpoint handout/complete set of materials to be distributed
 - f) Evaluation Form and method of evaluation (each class must be evaluated)
- 10) Total MINUTES of instruction, not including breaks, meals or introductions; reasonable period for Q and A is counted : _____
- 11) Applicant Representative or Individual
- Print Name: _____
- Signature: _____
- 12) Date: _____

SUBMIT 6 COPIES OF ALL MATERIALS AS FOLLOWS:

2 Copies and 1 Self-Addressed, Stamped Envelope for Mailing the Notice of Decision to:

Mr. Steve Riley, AICP
SCPEAC Chairman
Town Manager
One Town Center Court
Hilton Head Island, SC 29928

1 Copy Each to:

Mr. Dennis Lambries
Research Associate
Survey Research Laboratory
Institute for Public Service and Policy Research
University of South Carolina
Columbia SC 29208

Mr. Philip D. England
P. O. Box 455
Montmorenci, SC 29839

Ms. Donna London
Strom Thurmond Institute
Silas Pearman Boulevard
Clemson University
Clemson, SC 29634-0125

Barry Nocks, Ph.D., AICP
143 Lee Hall
Department of Planning & Landscape Architecture
College of Architecture, Arts & Humanities
Clemson University
Clemson, SC 29634-0511

NOTE: THE COMMITTEE HAS AGREED TO NOT REQUIRE AN APPLICATION FEE AT THIS TIME, ASSUMING THAT SUBMITTALS ARE PROVIDED AS REQUIRED AND COSTS OF NOTIFICATION REMAIN LIMITED.

NOTICE OF DECISION
(To be completed by the SCPEAC and returned to the applicant.)

13) The following action has been taken by the SCPEAC on this application:

a) _____ APPROVED for _____ CE credits.

b) _____ ACCREDITATION DENIED.

i) Reason: _____

c) _____ RETURNED for more information.

14) If Approved, Authorized Course No. _____

a) Date of Approval: _____

b) Certification is Valid Until: _____

Signature of SCPEAC Representative: _____

**For Further Information, Contact Mr. Steve Riley, Chairman, 843-341-4700 or
SteveR@hiltonheadislandsc.gov**