



INDIVIDUAL APPROVAL REPORTING FORM

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Name _____	IIDA Member # _____
Name of Firm _____	Phone _____
Address _____	Fax _____
City, State, Zip _____	IIDA Chapter/City Center _____
E-mail address _____	Completion date course _____
Exact title of course _____	
Instructor(s) _____	
Sponsoring organization/company _____	
Location of course (City/State) _____	Total hours of instruction (CEU amount) _____

Round down to the nearest hour – exclude lunches, breaks, introductions, etc. Be sure to quantify instructional time on your course outline. Be sure all information is printed clearly.

Subject Code: _____

Use the IDCEC Subject Code Index and choose one that identifies the main theme of the course.

Instructional methods used: _____Lecture only _____Distance Education _____Workshop
_____Panel/Roundtable _____Lecture w/ multi-media _____Other (please specify)_____

1.) List the learning objectives you brought to this program and what professional insight you hoped to gain from attending: _____

2.) Why do you feel this program should qualify for CEU credit for an interior design professional?

3.) What did you gain from this experience? _____

4.) How will you apply what you have learned to your daily practice as an interior design professional? _____

If necessary, attach a separate sheet for your responses to questions 1-4. Please include verification of attendance with completed IARF. Incomplete forms will not be reviewed.