Adult Family Home Sponsor
Alternative Continuing Education Form

Your Name:

Reason for completing individualized education:

Chosen Topic for Education Session:

Method for gaining knowledge on the chosen topic:

Specific materials used for this education:

Date of completion of individualized research or education:

Please list three or more pieces of new information gained from this research or education session:

Number of hours this alternative education project took you to complete ________________

* Please send this fully completed form to Rachel Weingarten at 122 East Olin Avenue Suite 100, Madison WI 53713 to receive your training credit for this education.