

Defense Health Agency, J7 (Education & Training)Continuing Education Program Office (CEPO) Team Event Intake Form

- Fill out all questions, including approval signatures, providing any additional remarks as required.
- Send completed form to the dha.ncr.j7.mbx.continuing-education-office@mail.mil within the estimated lead times as follows:
 - Webinars 14 days
 - Virtual Work Groups/Meetings 14 days
 - Conferences (Live/Virtual/Hybrid) 30 days (180 days if Conference Application Package is required)
 - CE Events 60 days (180 days if Conference Application Package is required)
- Approval of this form does not guarantee approval of all support requests or CE accreditation
- If you wish your event to be eligible for Continuing Education (CE) credits:
 - 1) Click on the icon below
 - 2) Fill out the CE Application Form
 - 3) Submit the completed form with the completed CEPO Team Event Intake Form



(Click this icon to open the CE Application form)

ACTIVITY DATE		# OF PARTICIPANTS
ACTIVITY START TIME		ACTIVITY END TIME
POC INFORMATION	NAME	PHONE NUMBER
POC EMAIL		
AGENCY/COMMAND		
ACTIVITY NAME		
BRIEF DESCRIPTION		
TARGET AUDIENCE		



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REQUESTED SERVICES (Check DHA Conference Application if travel is required)	□ DHA Conference □ CE Support (see the section □ N/A (no support	above for the CE Application form	n)	
TRAVEL/VENUE INFORMATION (If so, Conference Application must be completed and approved by DHA) ADDITIONAL COMMENTS (Please provide details such as cost estimates, etc.)	□ DoD Funded □ Commercial Ve □ N/A (no support			
POC is responsible for Adobe Connect Support, Audio Line, Closed Captions, and Perfected Transcripts.				
LIVE CEPO SUPPORT (Parking to be provided to CEPO team if outside SSMC1/NOAA.)	□ Yes □ No	☐ Adobe Connect URL ☐ Videography	☐ Government/Commercial Venue ☐ Other (please describe below)	
ADDITIONAL COMMENTS (please provide details regarding technical needs)		1		



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	NAME	DATE			
POC LEADERSHIP	IVAIVIL	DATE			
APPROVAL					
(Government)					
PAO/OPSEC APPROVAL (Review and signature required for all public facing documents)		DATE			
*I certify this request is mission critical and the information provided is true and correct to the best of my knowledge					
CEPO CONTRACT OFFICER REPRESENTATIVE (COR) SIGNATURE	NAME	DATE			
COMMENTS FROM COR					