



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



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|--|------|------|
| POC LEADERSHIP APPROVAL (Government) | NAME | DATE |
| PAO/OPSEC APPROVAL (Review and signature required for all public facing documents) | NAME | 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 | | |