

# Suhaila Salimpour School Of Dance, LLC

Continued Education Credit (CEC) Application

LEGAL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE (Home): \_\_\_\_\_

PHONE (Cell/Wk): \_\_\_\_\_

FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

DATE OF CEC: \_\_\_\_\_

TIMES OF CEC: \_\_\_\_\_

LOCATION: \_\_\_\_\_

INSTRUCTOR: \_\_\_\_\_

MATERIAL COVERED: \_\_\_\_\_

CURRENT Certification Level: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Signature of Instructor

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Signature of Approval SSSD Director

\_\_\_\_\_  
DATE

SSSD SEAL  
OF  
APPROVAL

\_\_\_\_\_  
Signature of Approval SSSD General Manager

\_\_\_\_\_  
DATE