

APPLICATION FOR CONTINUING EDUCATION UNIT CREDIT

Date of Application _____ Date Received at Professional Development Office _____

Name _____ Address _____

Telephone _____ Teaching Assignment _____

School _____

Program/Workshop _____ Location _____

Program Sponsor _____

Program Description _____

DATES: _____ HOURS PER SESSION: _____ NO. OF SESSIONS: _____

Professional Relevance _____

Official validation of attendance, workshop agenda showing a description as well as the dates and exact times of the workshop, along with the Professional Development Documentation Form (#282) are to be forwarded to the CEU Committee, c/o Mr. William A. Cardone, Asst. Superintendent, 1144 Hooper Avenue – Curriculum Office, before credit will be approved. The attendance standard is 80%.

CEU Committee Approved _____ Disapproved _____ Date _____

(#281/Revised 2010)