

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 Debra L. McKenna, Assistant Superintendent, 1144 Hooper Avenue, Toms River, NJ, before credit will be approved. The attendance standard is 80 percent.

CEU Committee Approved _____ Disapproved _____ Date _____ (#281/Rev. 2015)