

ELLWOOD CITY AREA SCHOOL DISTRICT
501 Crescent Avenue • Ellwood City, PA 16117
Act 48 Continuing Professional Education Plan

Act 48 Pre Approval Form

Employee's Name: _____ Date: _____

Address: _____

_____ Phone: _____

Current Assignment: _____ Base Assignment: _____

College/University Credit

College or University Attending: _____

Institute Address: _____

Course No.: _____ Course Title: _____

Course Dates: _____ Credit(s) to be Awarded: _____

Continuing Education Credit Course

Course No.: _____ Course Title: _____

Course Dates: _____ Course Location: _____

Credit(s) to be Awarded: _____

Activity

Date of Activity: _____

Description of Activity: _____

Hours to be Awarded: _____

Approval: ____ Yes ____ No

Principal _____ Date _____
Signature

Act 48 Coordinator _____ Date _____
Signature

Note:

- * Please attach this form to the District's Participant Form and submit to the Principal in order to receive a Letter of Certification for your personnel file.
- * In order to get credit for Act 48 Hours/Credits any Course/Workshop/Activity must be related to the professional educator's assignment (job related) or area of certification as listed on the employees certification.