PIN *(Provided by Personnel Office*_____

EAST CLEVELAND CITY SCHOOL DISTRICT
APPLICATION TO PROVIDE CEU CREDITS FOR
INDIVIDUAL PROFESSIONAL DEVELOPMENT ACTIVITIES
(Use when an individual wants to request CEUs for an independent activity)

Name_____ Building_____

Activity Title_____

Project Dates: Start _____ End _____

Describe your proposed activity and procedures to be followed.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Estimated Number of Contact Hours _____ **Number of CEUs Requested_____**

After approval by LPDC, submit verification of completion: Documentation must include a Professional Activities Log, having the signature of the sponsoring administrative representative or a completed product and/or summary report.

(FORM MUST BE SIGNED AND DATED)

Applicant's Signature _____ Date_____

Falsification of any documentation will result in forfeiture of the applicable CEUs or Course Credit or application.

Official Signature _____ Date_____

_____Approved **_____Not Approved**

SUBMIT THIS FORM TO THE PROFESSIONAL DEVELOPMENT COMMITTEE, C/O LPDC SECRETARY, EAST CLEVELAND CITY SCHOOLS BOARD OF EDUCATION, AT LEAST TWO (2) WEEKS BEFORE THE SCHEDULED LPDC MONTHLY MEETING.