

Portsmouth City Schools
Local Professional Development Committee

REQUEST FOR APPROVAL
Continuing Education Unit

Educator's Name _____ SS# _____ - _____ - _____
Home Address: _____
Home Phone (_____) _____ School Phone(_____) _____
Position and/or Assignment _____

SECTION 1: CEU CREDIT

If you are seeking local district LPDC approval for CEU credit, complete this section.

- a. Name of meeting/workshop/seminar _____
- b. Identify provider _____
- c. Location of meeting/workshop/seminar _____
- d. Identify the number of CEU's requested _____
- e. Identify the number of clock hours of meeting/workshop/ seminar instruction _____
Conversion: One activity hour is equal to one tenth (0.1) CEU credit. 10 activity hours are equal to one (1) CEU.
- f. Identify the meeting/workshop/seminar dates(s) _____
- g. Attach a copy of a signed CEU voucher, the program, and/or synopsis indicating the meeting/workshop/seminar date(s), daily agenda with times, and a description explaining the content and activities.
- h. My IPDP approval date: _____ CEU's match goal # _____ of my IPDP.
- i. Sign & date this request.
Signature: _____ Date: _____

Signature of Approval: _____, LPDC Chair

Date: _____

CEU's granted per this request: _____

Official Date this credit is effective: _____

A copy of this form may be retained by the LPD Committee. It is the employee's responsibility to keep all necessary records, including approved originals and the IPDP approved by the committee.