

“Other Activity” Continuing Education Unit:
Request for District LPDC Approval

Last Name: _____ First Name: _____ M.I. _____

Social Security # (Used for Certificate Verification): _____

School Phone: _____ Home Phone: _____

For An “Other Activity”: If you are seeking locally approved CEU credit by your LPDC through an activity other than a workshop, complete this section:

a. Describe the activity – please check the Pre-Approved Professional Development Activities for those that have been pre-approved by your LPDC as legitimate activities to be used by district educators towards meeting their goals.

b. Identify the number of activity hours that you will or have invested in this activity.

c. Gain the signature of a district administrator or colleague who can verify and affirm your estimation of those activity hours:

Signature: _____ Title: _____

d. Why and/or how has this activity improved your professional skills, the learning of your students, and/or the quality of your school district? How will you share your learning with colleagues? Use the reverse side to continue.

e. Attach a copy of any work products that have resulted from your activity.

f. Attach any additional information that you think might help your LPDC to review and approve your request for CEU credit for these **Other Activities**.

Educator Signature: _____ Date: _____

LPDC Signature: _____ Date: _____