

Form CEU/NCWH

All requests for CEU Equivalents should be submitted at least 30 Days **before** the activity and must receive the approval of the Superintendent **prior** to your attendance. **Submit CEU (A) to Professional Development Coordinator.**

WEST HAVEN PUBLIC SCHOOLS
West Haven, Connecticut 06516

Name: _____ Date Submitted: _____

School: _____ Position: _____

Date of Activity: _____ Location of Activity: _____

Time of Activity-From: _____ To: _____ Number of CEU Equivalents Requested: _____

1. Objective of Activity:

2. Description:

3. Brief explanation on how information derived from this activity will benefit you professionally:

4. Name of Presenter(s) (If Applicable):

5. **IMPORTANT:** Attach to this form all documentation and information available relevant to this request; including registration forms, brochures, and/or literature describing the activity, including sponsoring agency, time, schedule/date(s).

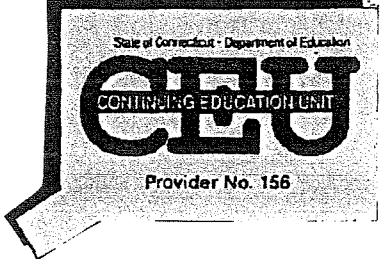
Signature of Staff Member

OFFICE USE ONLY

Decision:
Number of CEU Equivalent Hours Awarded: _____
Need More Info: _____
Not Approved: _____

A.J. Palermo, Prof. Development Coordinator

Date



All Requests for CEU Equivalents should be submitted at 30 days **before** the activity and must receive approval of the Superintendent **prior** to your participation. **Submit CEU (B) to Professional Development Coordinator.**

WEST HAVEN PUBLIC SCHOOLS
West Haven, Connecticut 06516

CEU Equivalent Credit
Verification of Completion

Name: _____ Date Submitted: _____

School: _____ School Year: _____

Total CEU Equivalent Credit: _____ Date of Activity: _____

1. Description of Activity:

2. Time of Activity-From _____ To _____

3. Location of Activity: _____

4. Sponsoring Agency: _____

5. Presenter(s) _____
Presenter(s) Signature

Signature of Staff Member

PLEASE NOTE: Attach a copy of Form A (CEU) duly endorsed by Professional Development Coordinator indicating prior authorization to receive CEU equivalents. Attach all other documentation relevant to this request including verification of your attendance.

***Certificate of completion or other verification may be handed in lieu of presenter's signature.**

Office Records:

CEU Equivalent Awarded: _____

Date Credit Awarded: _____

Professional Development Coordinator
West Haven School System

