

**Staff Development Program
Application for Professional Learning Unit Credit
Prior Approval Form**

Most browsers will allow you to fill this form in on your computer and then print and mail it.

Participant's Name	<input style="width: 80%;" type="text"/>				
Street Address	<input style="width: 95%;" type="text"/>				
City	<input style="width: 30%;" type="text"/>	State	<input style="width: 10%;" type="text"/>	Zip	<input style="width: 15%;" type="text"/>
Certification Type	<input style="width: 25%;" type="text"/>	Position	<input style="width: 25%;" type="text"/>		
Date of Birth	<input style="width: 10%;" type="text"/>	Social Security Number	<input style="width: 15%;" type="text"/>		

Name of Course:

Director: Elaine Bradley and other members of the CHG Education Committee Faculty

Description of Course: Attach description for Professional Learning Unit class.

Location of Course:

North DeKalb Cultural Center
5339 Chamblee-Dunwoody Road
Atlanta, GA, 30338

Dates of Course:

I hereby approve this person's participation in the above named Professional Learning Unit Credit Program.

Supervisor

Date of Approval