

# AACCS Continuing Education/Staff Development Activity Preapproval Application

**Directions:** Submit one preapproval form per professional development activity. When the approval is returned, copy the preapproval form on the back of the attendance voucher (one per participant). To renew certification, teachers will submit the completed two-sided form and any other renewal paperwork. Activities must meet all continuing education requirements as described in FAQ 7–12.

Check **one** of the following.

Category A

- Audit college course
- College-offered continuing education program
- Online professional development
- AACCS educational convention—do not use this form; use form provided in convention booklet.
- Off-site professional development activity
- On-site professional development activity with outside leader

Category B\*

- On-site professional development activity led by qualified ministry faculty or staff member
- On-site professional development activity provided by video or audio instruction, supervised by school administrative staff

*\*For certificate renewal, no more than 20 contact hours may be from Category B.*

Class or Seminar Title: \_\_\_\_\_

Instructor name: \_\_\_\_\_

Academic degree and/or other qualifications: \_\_\_\_\_

Educational topics or issues the activity will address (must be professional development):

Description of event: (e.g. college course, online, DVD, live instruction, etc. Will the event be part of a larger event? Will it be a group/classroom event? If it is on-site, who will be supervising?)

Date(s) and times of activity: \_\_\_\_\_

Number of direct instructional hours (Do not include breaks, homework, etc.): \_\_\_\_\_

Certification areas of those who will attend/receive continuing education credit:

- |                                       |   |  |
|---------------------------------------|---|--|
| <input type="checkbox"/> Preschool    | <input type="checkbox"/> Secondary                  | <input type="checkbox"/> Specialist (Bible, CIT, Counseling) |
| <input type="checkbox"/> Kindergarten | <input type="checkbox"/> All-Level (Music, Art, PE) | <input type="checkbox"/> Administrator                       |
| <input type="checkbox"/> Elementary   | <input type="checkbox"/> Special Education          |  |

School Name \_\_\_\_\_ E-mail \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_

Administrator's Signature \_\_\_\_\_ Date Request Filed \_\_\_\_\_

<p><b>For Office Use Only</b></p> <p><input type="checkbox"/> Continuing education credit granted</p> <p><input type="checkbox"/> Continuing education credit denied Explanation of denial:</p> <p>Number of contact hours allowed for activity: _____</p> <p>Conditions or limitations:</p> <p>Signature of AACCS official _____ Date of Reply _____</p>
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