

AACS 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
- AACS 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 _____

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- Continuing education credit granted
Number of contact hours allowed for activity: _____
Conditions or limitations:

- Continuing education credit denied
Explanation of denial:

Signature of AACS official _____ Date of Reply _____