

# AACS Continuing Education Attendance Voucher Online Professional Development



## Participant Information

Name \_\_\_\_\_

E-mail \_\_\_\_\_

## Certification Area

- |                                       |   |  |
|---------------------------------------|---|--|
| <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          |  |

Current Certificate Endorsement(s) (Elementary Ed, Music, Math, etc.) \_\_\_\_\_

## Professional Development Activity Information

Title: Guiding a School Through an Accreditation Progress

Instructor: Dr. Jeff Walton

Date/Time: \_\_\_\_\_

Contact Hours: 5

## School Information

School Name \_\_\_\_\_

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

Administrator's Signature\* \_\_\_\_\_ Date \_\_\_\_\_

\*Administrator's signature verifies the attendance of participant at seminar/workshop.

\*All continuing education vouchers or certificates must be mailed with re-certification application\*

## For Office Use Only

Number of contact hours granted for activity: 5 contact hours

Signature of Education Office official Jeff Walton