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| <i>GACS Office Use Only</i> |
| Date Received _____ |
| Paid (\$5.00) _____ |
| Total CEU's Approved _____ |

**Registration of Continuing Education Units
(For Non-GACS Sponsored Training Sessions)**

All CEU Training Must Be Pre-Approved in writing or through a telephone call to the GACS for GACS credit.

(Please Print or Type)

| | | | | | |
|--|-------|-----|-----------------------------------|-------|---------------|
| Your Name: | | | School: | | |
| Address: | | | Address: | | |
| City | State | Zip | City | State | Zip |
| Session Leaders and Dates of Training: | | | Titles of Sessions and Locations: | | Hours/Minutes |
| 1. | _____ | | 1. | | 1. _____ |
| 2. | _____ | | 2. | | 2. _____ |
| 3. | _____ | | 3. | | 3. _____ |
| 4. | _____ | | 4. | | 4. _____ |
| 5. | _____ | | 5. | | 5. _____ |
| 6. | _____ | | 6. | | 6. _____ |
| 7. | _____ | | 7. | | 7. _____ |
| 8. | _____ | | 8. | | 8. _____ |
| 9. | _____ | | 9. | | 9. _____ |
| 10. | _____ | | 10. | | 10. _____ |

Please provide a brief description of each of the workshop/training sessions. (Use back of form if needed.)

1. Describe how the goals of this CEU activity will affect students, particularly student achievement.

2. What professional practices are to be developed or enhanced by the CEU activity?

3. Teaching strategies used in workshop(s) (ex. Lecture/demonstration, hands-on activities, field or group work, simulations, practicum, etc.)

4. How will you determine that the participants have met the goals and objectives of the CEU training?

Credit Definition: A fifty (50) minute session equals 1/10 CEU credit.

I hereby verify that I attended the above listed workshops/training sessions.

Signature of Applicant

Date

I hereby validate that the applicant attended the above listed workshops/training sessions.

Signature of School Administrator

Date

A processing fee of \$5.00 per event is required with this application. Please list separate events on different forms.

Send to: **Georgia Association of Christian Schools**
1551 Jennings Mill Rd., Suite 2100-A
Watkinsville, GA 30677

Signed _____ Date Approved _____

Signature of GACS Executive Director or Designee

JEH 6/16/15