



<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.**

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

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

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

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

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

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Signature of Applicant

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Date

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

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Signature of School Administrator

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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  
157 Holly Hills Dr  
Athens, GA 30606**

Signed \_\_\_\_\_ Date Approved \_\_\_\_\_

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**Signature of GACS Executive Director or Designee**

JEH 1/29/18