



OFFICE USE ONLY BC Course # _____ BC Clock Hours Approved _____

BOARD CREDIT REQUEST FORM

Date of Request: _____
(Please include year)

Name: _____ School: _____ ID#: _____

Classroom Assignment: _____
(If assignment is Adult Education, please indicate times for your contractual day.)

Title of Class/Workshop/Conference for which **Board Credit** is requested:

Sponsoring Institution/Organization: _____

Dates of Meetings (write "online" if appropriate): _____

Hours of meeting times (excluding lunches/dinners, ex. 8am-12pm): _____

Board Credit clock hours requested: _____ (*whole hours only, rounded down to the nearest hour*)

Please provide a short explanation of how your participation in this activity will help you meet personal, school or district level goals for professional growth in curriculum and instruction.

RETURN TO: Natalee Bretz, Director of Professional Development

Your request for _____ clock hours of **Board Credit** as described above has been **approved / denied**. Please forward the one of the following documents to Natalee Bretz at Central Office upon completion of the activity:

- A. Certification of completion
- B. Evidence of Completion for PD hours awarded
- C. Attendance verification
- D. Other

Signed: _____ Date: _____

Director of Professional Development