

Portsmouth City Schools  
Local Professional Development Committee

**REQUEST FOR APPROVAL**  
**Continuing Education Unit**

Educator's Name \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Phone (\_\_\_\_\_) \_\_\_\_\_ School Phone(\_\_\_\_\_) \_\_\_\_\_  
Position and/or Assignment \_\_\_\_\_

**SECTION 1: CEU CREDIT**

*If you are seeking local district LPDC approval for CEU credit, complete this section.*

- a. Name of meeting/workshop/seminar \_\_\_\_\_
- b. Identify provider \_\_\_\_\_
- c. Location of meeting/workshop/seminar \_\_\_\_\_
- d. Identify the number of CEU's requested \_\_\_\_\_
- e. Identify the number of clock hours of meeting/workshop/ seminar instruction \_\_\_\_\_  
Conversion: One activity hour is equal to one tenth (0.1) CEU credit. 10 activity hours are equal to one (1) CEU.
- f. Identify the meeting/workshop/seminar dates(s) \_\_\_\_\_
- g. Attach a copy of a signed CEU voucher, the program, and/or synopsis indicating the meeting/workshop/seminar date(s), daily agenda with times, and a description explaining the content and activities.
- h. My IPDP approval date: \_\_\_\_\_ CEU's match goal # \_\_\_\_\_ of my IPDP.
- i. Sign & date this request.  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Signature of Approval: \_\_\_\_\_, LPDC Chair

Date: \_\_\_\_\_

CEU's granted per this request: \_\_\_\_\_

Official Date this credit is effective: \_\_\_\_\_

**A copy of this form may be retained by the LPD Committee. It is the employee's responsibility to keep all necessary records, including approved originals and the IPDP approved by the committee.**