

**PLAIN LOCAL SCHOOLS**  
**“Other Activity” Continuing Education Unit:**  
**Request for District LPDC Approval**

*Submit this form if you are seeking CEU credit for an activity that is **not a workshop**.*

1. Name \_\_\_\_\_ Building \_\_\_\_\_

2. Number of CEU's being requested \_\_\_\_\_

*\*Conversion: One activity hour is equal to one-tenth (0.1) CEU credit. 10 activity hours are equal to (1) CEU. The LPDC will determine CEU credits based upon district guidelines. Study the CEU options chart available online.*

CEU Option # \_\_\_\_\_ (See Continuing Education Unit Menu available on line)

3. Please include the Professional Development Plan that was **in effect** when the work was taken. Attach a photocopy of your plan to each individual CEU request.

4. Describe the activity - please check the CEU options chart. (Available on line)

\_\_\_\_\_  
\_\_\_\_\_

5. Identify the number of activity hours that you have invested in this activity:

\_\_\_\_\_  
\_\_\_\_\_

6. Gain the signature of a district administrator or colleague who can verify and affirm your estimation of those activity hours:

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

7. Why and/or how has this activity improved your professional skills, the learning of your students, and/or the quality of your school district?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Attach a copy of any work products that have resulted from your activity. (If applicable)

9. Attach any additional information that you think might help your LPDC to review and approve your request for CEU credit for these **Other Activities**. (If applicable)

License Effective Dates \_\_\_\_\_

Educator's Signature \_\_\_\_\_ Date \_\_\_\_\_

LPDC Signature: \_\_\_\_\_ Date \_\_\_\_\_ CEUs Approved