*Form 3*

**CEU Proposal**

(NOTE: This is only for CEUs awarded by providers not on the pre-approved list.)

Applicant Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Building \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Workshop/Seminar Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provider \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Planned Number of CEUs \_\_\_\_\_\_\_\_\_\_

1. Provide a brief description of the workshop/seminar.

2. Rationale – Explain the basis for choosing this workshop/seminar as it relates to your IPDP and to the district and building goals.

3. Additional comments or information.

I certify that the information provided in the CEU Proposal is true and accurate to the best of my knowledge.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Approval/Disapproval**

(This section will be completed by the LPDC.)

❑ This proposal has been approved as submitted for the equivalent of \_\_\_\_\_\_\_\_\_\_CEUs.

❑ This proposal has merit but has not been approved as submitted. You may refine the highlighted areas and resubmit the proposal.

❑ This proposal has been denied at this time. The purposes, process and rationale of the work in relation to your IPDP are unclear. If you still feel that this proposal is worthwhile, please redefine and restate your proposal before resubmitting.

Signature of

LPDC Chairperson \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* Any certified staff member may personally present a proposal by requesting an appointment at a regularly scheduled LPDC meeting.