



NORTH CAROLINA ASSOCIATION FOR PUBLIC CHARTER SCHOOLS

Continuing Education Unit (CEU) Approval Form
NCAPCS Conference

Name: _____

Email: _____

Name of School: _____

School Address: _____

City: _____ State: _____ Zip: _____

Position: _____

Areas of Licensure Held: _____ Expiration Date: _____

Title of Experience: **North Carolina Association for Public Charter Schools Conference**

Experience Dates: _____ — _____

Classes Participated in at the **North Carolina Association for Public Charter Schools Conference** (list names of classes):

Class 1: _____ Time Period: _____

Class 2: _____ Time Period: _____

Class 3: _____ Time Period: _____

Class 4: _____ Time Period: _____

Class 5: _____ Time Period: _____

Class 6: _____ Time Period: _____

Class 7: _____ Time Period: _____

Class 8: _____ Time Period: _____



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Description of your experience including an evaluation of your experience and program's content and delivery.

Number of Continuing Education Units Requested: _____

Signature: _____ Date: _____

Please submit this form to your school administrator. Thank you for attending our conference!

OFFICE USE ONLY

CONTINUING EDUCATION UNIT AWARD: **The teacher named above is hereby awarded _____ CEUs.**

Name of Individual Authorized to Grant CEUs: _____

Authorized Grantor Occupational Title: _____

Authorized Grantor Signature: _____

Date: _____