

Appendix 10

Activity Preapproval Form
Required for all Group 4 Activities
(Complete a new form for each activity.)

Name _____ Building _____

Type of Activity (see Group Activity Guideline Column 2)

Projected clock hours _____ Projected CEUs _____

Educator's Signature _____ Date _____

Describe the impact this activity will have on your professional development and how it will help to meet your professional development goals.

_____ Preapproved
Documentation of completion will be required at time of license application.

_____ Not approved-see explanation

HPDC Signature _____ Date _____