PA DEPARTMENT OF EDUCATION – ACT 48 HOURS
RECORD OF CONTINUING PROFESSIONAL EDUCATION COURSE/ACTIVITY COMPLETION
PDE: _____
Instructions: Complete one copy for local course/activity file and report data to the Department of Education, Bureau of Curriculum and Academic Services electronically via the Professional Education Records Management System at: **NAME OF PROVIDER:** _____
Address (Street, City State, Zip) _____
TITLE OF APPROVED COURSE – COURSE NO. - DATE OF COURSE – Clock Hours
DATE SENT TO HR: _____
Listing of persona completing course satisfactorily (List separately the names of those individuals who are receiving collegiate credit for course.)
NOTE: PLEASE TYPE IN NAMES & FULL PROFESSIONAL PERSONNELL ID NUMBER.

PROSESSIONAL PERSONNEL ID	NAME	SCHOOL OR BUILDING	PRESENT CERTIFICATE	CREDIT(S)

SIGNATURE OF PROVIDER COORDINATOR	INSTRUCTOR'S SIGNATURE
DATE:	

NOTE: Please send all ACT 48 hours to the email address below.

nlofurno@chesteruplandsd.org