

ACT 48 NOTIFICATION FORM

Request for submission of Act 48 Continuing Professional Education Credits
to The Pennsylvania Department of Education (PDE)

_____,
Last Name First Name MI SU ID #

Division: _____ Graduate Professional Personnel ID # _____
 _____ Undergraduate
 _____ Non-Matriculated Daytime Phone _____
E-mail address _____

Your Signature (required) _____ Date _____

The Pennsylvania Department of Education (PDE) requires a professional educator to complete six (6) credits every five year period beginning July 1, 2000 to maintain an active certificate. ***Please note that PDE requires we only submit 6 college credits, which is all that's needed to fulfill the requirements.*** We will submit the following information to PDE.

(Do not list credits earned prior to January 1, 2000)

For Official Use Only – Do Not Write In Empty Blocks

Semester _____ Credits _____
Course Title _____
Course # _____

Semester _____ Credits _____
Course Title _____
Course # _____

Semester _____ Credits _____
Course Title _____
Course # _____

We submit to PDE three (3) times a year – at the end of each semester.

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| Mail Request to: Shippensburg University Registrar's Office 1871 Old Main Drive Shippensburg, PA 17257 | Fax Request to: (717) 477-1388 Contact: Jeanie Henry jmhenr@ship.edu (717) 477-1136 |
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