



Richmond County Board of Education

Prior Approval for Professional Learning Hours

To be assured professional learning hours will be accepted from training agencies other than *Richmond County School System*, participants should complete this form, attach an agenda and obtain appropriate signature **before** participating in professional learning.

Participant's Name _____

Address _____

City _____ State _____ Zip Code _____

Employee ID Number _____ School/Department _____

Home Phone _____ Cell Phone _____

Name of Course/Professional Learning _____

Location of Course/Professional Learning _____

Professional Learning Hours _____ Date(s) _____

****Please attach agenda**

Course/Professional Learning Description _____

Instructor's Name _____ Phone _____

Check all that apply: Field of Certification School/System/Individual Improvement Plan

Annual Evaluation State/Federal Requirements Other _____

I hereby approve this person's participation in the above named course. I certify that the goals and objectives of this course/professional learning are consistent with the goals and objectives of Richmond County School System and meet requirements as shown above for certificate renewal.

Director of Professional Learning

Date

*After completing course/professional learning requirements, attach this **original** form to your documentation and submit to Richmond County School System, Department of Professional Learning .*