Record of Continuing Professional Education Course/Activity for Act 48 Credits
Gannon University

Title of Course/Activity _____
Number of College Course _____
Instructor _____

Date Started _____
Date Ended _____
Number of Credits/Hours _____

PLEASE COMPLETE YOUR INFORMATION BELOW ONLY IF YOU ARE CERTIFIED TO TEACH IN PA.

(The PA Department of Education will not grant Act 48 credits to teachers who are not PA certified at the start of this course/activity.)

Professional Personnel ID # (required by PDE)	Name	Home Street Address	City, State, Zip