# AACS State Convention Continuing Education Units Registration Form

**for participation in**

#  AACS – Rocky Mt. Christian Educators Conference

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Mr. Miss Mrs. | First Name | Middle Name | Maiden Name | Last Name |
| Address | City | State | Zip Code |
| School Name | City | State |

## My certification endorsement is in the area of:



|  |  |
| --- | --- |
| Preschool | All-Level (Music, Art, PE) |
| Kindergarten | Special Education |
| Elementary | Specialist (Bible, Computer, Counseling) |
| Secondary | Administration |

Write the number of approved workshops or sessions attended in the following areas:

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|  |  |  |
| --- | --- | --- |
| Preschool | Secondary | Specialist (Bible, Computer, Counseling) |
| Kindergarten | All-Level (Music, Art, PE) | Administration |
| Elementary | Special Education | General Education |

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| --- |
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|  |

Credit will be granted only once for each workshop attended even when it is listed with several series. **Attendance vouchers must be on reverse side of this form. Credit will not be granted for general preaching sessions. To receive CEU credit workshop must be in your endorsed area or the area of general education. Both participant & administrator signatures are required.**

|  |  |
| --- | --- |
|  |  |
| Credit: Number of 50 minute sessions - /10 CEU (.6 max.) | Participant’s Signature | Date |
| I verify that the above participant has fulfilled attendance requirements of the program and has successfully completed the activity. | Signature of School Administrator | Date |

**PARTICIPANT MUST RETAIN A COPY BEFORE MAILING**.

## Mail with re-certification application to: AACS Education Office

6170 Shallowford, Suite 103, Chattanooga, TN 37421

 Phone: (423) 629-4280 • FAX: (423) 622-7461

 **Attendance Voucher for CEU Credit – AACS**

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Delegate Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Workshop Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Workshop Speaker \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Circle Area:**

**Preschool Kindergarten Elementary**

**Secondary Special Ed. Specialist**

**All Level Administration General Ed.**

 **Attendance Voucher for CEU Credit – AACS**

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Delegate Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Workshop Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Workshop Speaker \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Delegate Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Workshop Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Workshop Speaker \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Delegate Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Workshop Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Workshop Speaker \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Delegate Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Workshop Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Workshop Speaker \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Delegate Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Workshop Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Workshop Speaker \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Circle Area:**

**Preschool Kindergarten Elementary**

**Secondary Special Ed. Specialist**

**All Level Administration General Ed.**