

## Act48 Continuing Education Submission Form

*Please note:* For all educators issued certificates prior to July 2000, the five-year period began on July 1, 2000 and ended June 30, 2005. For those issued certificates after July 1, 2000, the five-year period begins the effective date of issuance of the initial certificate. The requirements will be renewed at the end of each five-year period. For additional information, please see the PDE website at http://www.pde.state.pa.us//\*\*\*Courses with grades of I, R, D, F, P, NC or MG are not applicable.

Last Name		First Name		E Professional ID	TUid (not your SSN*)	
* If v	you do not know	your TUid, please log onto TUPortal and sele	ct the li	nk "Get my TUid" on the lef	t hand side	
				and Get my Ford on the less	Thurse side.	
Daytime phone number		Email address				
Semester Attended	Course #	Course Name			# of credits	Activity Code *
			*	Course Activity T	ype Code	s:
Only courses taken for academic credit at Temple University will be submitted to the PDE. For all non-credit workshops and seminars, please contact destiny1@temple.edu or call 215-204-4866 for submission information.			1 2 3	Teaching and Learning Professional Development Standards Area Curriculum and Assessment Academic Content Studies		
			4	Technology		
			5	Student Social and H	ealth Issues	
			6	SchoolAdministration		
SIGNATURE (required):			Date:			