

Act 48 Continuing Professional Education Certification Form

It is the student's responsibility to ensure that the course will meet the requirements of the employer. This form must be submitted prior to the end of the semester for which you are earning Act 48 credits. One form is required for each course that is to be reported to the Pennsylvania Department of Education.

Requester Information

PDE ID # _____ (required for submission to PDE)
First Name: _____ M.I.: _____ Last Name: _____
Street Address: _____
City/State/Zip Code: _____
Student ID#: _____ Social Security: _____

Course Information This information can be found on your Semester Schedule.

Course Code and Section Number _____ Course Title _____
Course taken in Year: _____ ☐ Fall ☐ Spring ☐ Summer
Semester Beginning Date _____ Semester End Date _____ Credits _____

Employer Information

School District: _____
Employer: _____ School Principal: _____
Street Address: _____
City/State/Zip Code: _____

I hereby authorize Pennsylvania Highlands Community College to submit this information to my employer as indicated above and the Pennsylvania Department of Education.

Student's Signature: _____ Date: _____

Return this form to the Registrar Office.

This form may also be faxed to (814) 269-3008 or Email to Registrar@pennhighlands.edu

_____ Office Use Below This Line _____

PDE Entry Completed by: _____
Date: _____

Completion notification mailed to Student and Employer by: _____
Date: _____