

# Professional Learning Board

Professional Learning Program  
Application for Professional Learning Unit Credit  
Prior Approval Form

Participant's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

School System: \_\_\_\_\_

Certification Type: \_\_\_\_\_ Position: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Name of Course: \_\_\_\_\_

**Check the categories for which this PLU credit applies:**

- |  |  |
|--|--|
| <input type="checkbox"/> Field(s) of Certification   | <input type="checkbox"/> School/System/Individual Improvement Plan |
| <input type="checkbox"/> Annual Personnel Evaluation | <input type="checkbox"/> State/Federal Requirements                |

Description of Course:

Location of Course: ProfessionalLearningBoard.com

Dates of Course: \_\_\_\_\_

I hereby approve this person's participation in the above named Professional Learning Unit Credit Program. I further certify that the goals and objectives of this course are consistent with the goals and improvement objectives of this school system.

\_\_\_\_\_  
**System Superintendent or  
Professional Learning Coordinator**

\_\_\_\_\_  
**Date of Approval**

I'm not employed in a public or private school.

\_\_\_\_\_  
**Signature of Participant**

\_\_\_\_\_  
**Date of Approval**

# Professional Learning Board

## Professional learning Unit (PLU) Course Completion Form

*To document satisfactory completion of PLU courses*

### Participant Information

Name: \_\_\_\_\_ SS# \_\_\_\_\_

Employing System: \_\_\_\_\_

School/Worksite: \_\_\_\_\_

### Course Information:

Course Title: \_\_\_\_\_

Date of Completion of all course requirements

Including assessment: ..... \_\_\_\_\_

Total Contact Hours of the Course: ..... \_\_\_\_\_

Number of PLU Credits: ..... \_\_\_\_\_

### Check the categories for which this PLU credit applies:

- |  |  |
|--|--|
| <input type="checkbox"/> Field(s) of Certification   | <input type="checkbox"/> School/System/Individual Improvement Plan |
| <input type="checkbox"/> Annual Personnel Evaluation | <input type="checkbox"/> State/Federal Requirements                |

### Training Agency Information:

Agency Name: Professional Learning Board

Contact Person: Ellen Paxton, MEd, NBCT, Chief Learning Officer  
Phone: 612-605-7263

### Verifications:

#### Option I: Mastery Verification

Prepared Phase/Contact Hours Completed

ATTACH CERTIFICATE OF COMPLETION

*Instructor's Signature*

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

#### Option II: On-The-Job Assessment

\_\_\_\_\_ *Observer's Signature*

\_\_\_\_\_ *Date Assessment Completed*

*Form Updated July 1, 2002*