



Indiana University of Pennsylvania
College of Education and Human Services

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ACT 48 WORKSHOP SUBMISSION DATA

ATTENDEE INFORMATION

Workshop Date: _____

Last Name: _____ First Name: _____ MI: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ Email: _____

Professional Personal ID# (PPID) _____ *(assigned by PDE)* **Must be included for processing**

SCHOOL DISTRICT INFORMATION

District: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

COURSE INFORMATION

Program Title: _____

Program Instructor: _____

Number of Act 48 Hours to be Awarded: _____ hours

**I hereby authorize Indiana University of Pennsylvania to submit this information
to Pennsylvania Department of Education.**
(Your signature is required for processing)

Signature: _____ Date: _____

For Office Use Only:

_____ Date Processed