CLARION UNIVERSITY OF PENNSYLVANIA
COLLEGE OF EDUCATION AND HUMAN SERVICES
Act 48 Information Form

Student Name: _____
(First) (Middle I) (Last)

Student Address: _____
(PO Box) (Street)

_____
(City) (State) (Zip Code)

Student Social Security #: _____ **DOB:**_____

Name of School District: _____
(employed by)

School District Address: _____
(*employed by)*

_____

Type of Certificate You currently hold: **Level I** _____ **Level II** _____

Area of Certification(s): _____

Work Phone: _____ **Home Phone:** _____ **E-mail:** _____

Check one: _____ **Course - or -** _____ **Workshop**

Title: _____

Name or Instructor: _____

Number of Credits: _____ **- or - Number of Hours:** _____

Date Course or Workshop was completed: _____

Please forward the completed form to:

Clarion University of PA
c/o Center for Teaching Excellence
ATTN: Linda Defibaugh
113 Stevens Hall
Clarion PA 16214-1232

Required Signatures:
I affirm that the above information I have provided Clarion University for Act 48 credit is true and accurate. Furthermore, I give Clarion University permission to submit any and all information contained on this form to the Pennsylvania Department of Education for entry into their Act 48 database.

_____ _____
Dean, College of Education and Human Services OR Director, Center for Teaching Excellence **Student Signature**

Date information was entered in Act 48 account: _____