



Diocese of Charlotte Catholic Schools

1123 South Church Street, Charlotte, NC 28203

APPLICATION FOR PRIOR APPROVAL OF COURSES/WORKSHOPS/IN-SERVICE EDUCATION PROGRAMS

PERSONAL INFORMATION

NAME _____ EMAIL _____

SCHOOL _____ TEACHING ASSIGNMENT _____

LICENSURE AREA _____ EXP. DATE _____

In accordance with the regulations and procedures adopted by the Department of Education, Diocese of Charlotte, and in accord with the NC State Department of Public Instruction, I hereby make application for approval of the program outlined below.

PROGRAM INFORMATION

Title of Program _____ Program Instructor _____

Sponsoring Agency of the Program _____

First Class Session Date ____/____/____ Last Class Session Date ____/____/____

Total Number of Contact Hours: _____ Number of Requested Credits: _____ *10 Contact Hours=1.0 Credits*

**The state of North Carolina only recognizes 6.5 contact hours daily.*

Credit Type: Content Digital Learning General Literacy

Attach a statement that explains the content/evaluation of the activity and program documentation (if applicable).

CONTENT	<i>Courses that deepen the participants' knowledge and understanding of the academic subject area(s) or strategies to enhance those subjects that are identified on the individual's license</i>
DIGITAL LEARNING	<i>Courses that demonstrate accelerating of their integration of digital teaching and learning pedagogies; courses that teach digital citizenship & resources that support the creation of positive digital school culture.</i>
GENERAL	<i>Course content/learning is directly related to professional responsibilities as an educators' area(s) of licensure but is not specifically one of the other credit types</i>
LITERACY	<i>Courses that focus on reading and writing</i>

*****After attending the approved professional development opportunity, if the sponsoring agency does not provide a certificate of credit, you will need to provide documentation to the CSO for a certificate of credit form.**

Approve Number of Approved Credits: _____ Credit Type: _____

Disapprove Comments: _____

Assistant Superintendent/Designee Signature _____ Date _____

FUNDING REIMBURSEMENT REQUEST (If applicable)

Registration Fee: \$ _____ Lodging: \$ _____ Travel Expenses: \$ _____ Meals: \$ _____

Principal Signature _____ Date _____