CONTINUING EDUCATION CREDIT

Your state or school district may approve this conference experience as part of your on-going professional development or licensure plan. Please first check with **your own district or post-secondary advisor** to determine if continuing education credit will be granted for conference participation.

To document these important professional development experiences:
• download and complete this form for each day you attend.
• sign the form(s) at the bottom of each page.
• attach your official convention name badge and payment receipt to the form(s) prior to submitting these documents to your district or post-secondary advisor. Do not send requests for continuing education credit to CSCTFL.

Central States Conference on the Teaching of Foreign Languages
Conference Attendance Form

Name:_____

Address:_____

Phone number:_____ **School:**_____

Email Address:_____

Signature:_____

DATE	TIME	WORKSHOP/ SESSION NO.	WORKSHOP/SESSION TITLE	NO. OF HOURS