

**MSAD 59 PLCSS****PRIOR APPROVAL**

IN ADDITION TO: "CERTIFICATE AND REQUEST FOR COURSE PAYMENT"

1. *Prior Approval forms are optional except for staff mentoring UMF students. Staff concerned whether or not a professional development opportunity offered outside the district will be accepted for certification renewal are encouraged to complete the form and submit it to their CCBR.*
2. Prior Approval for contact hours required of all MSAD 59 staff (ie. bloodborne pathogens, suicide prevention) or district wide offerings (ie. Wellness Day) is not required.
3. The Certification Committee Building Representative will send the original to the Certification Committee Chairperson, keep a copy for the CC building file, and give you a copy.

**Name:****School:** MAMHS MJHS MES **Position / Subject Area / Grade Level:** \_\_\_\_\_**Professional Development Title:****Date(s):****Location:****What is the purpose of this P.D. opportunity? Check most relevant and explain (on back if needed).**

- |   |  |                                |
|---|--|--------------------------------|
| <input type="checkbox"/> Student benefit          | <input type="checkbox"/> Benefit the district  | <input type="checkbox"/> Other |
| <input type="checkbox"/> Inform teaching practice | <input type="checkbox"/> Connects to goals     |                                |
| <input type="checkbox"/> Connects to standards    | <input type="checkbox"/> Administrator request |                                |

**Teacher Signature:** \_\_\_\_\_**Date Submitted:** \_\_\_\_\_

Certification Committee

Building Representative Signature: \_\_\_\_\_

Date approved: \_\_\_\_\_

Date denied: \_\_\_\_\_

Reason denied:

Received by CCC: \_\_\_\_\_

Signature

Date