APPLICATION FOR PROFESSIONAL DEVELOPMENT COURSE APPROVAL

Name of Education/Training: __________________________________________________________
Organization /Sponsor: ______________________________________________________________
Location(s) of Training: _____________________________________________________________
City: ______________________ State: ______________________________
Course Format:
  _____ Workshop
  _____ Professional Meeting
  _____ Internet Course
  _____ Video/Tele Conference
  _____ College Course
  _____ Other (Describe): ____________________________________________________________
(Attach Course Agenda with Submittal)
Course Instructor(s): ___________________________________________________________________
(Attach Instructor(s) Biography with Submittal)
Date(s) of Education/Training: _______________________________________________________
Time of Education/Training: _________________________________________________________
How will attendance be documented? _________________________________________________
How many continuing education hours are you requesting for the training? _____________

Submitted by (Please Print): _________________________________________________________
Phone: ______________________________ Fax: ____________________________________________
Address: __________________________________________________________________________
  City: ______________________ State: __________ Zip: ______________
Email Address: ____________________________
Signed: ________________________________

Submit Approval Form, Course Agenda and Instructor Biography to:

NCBLSS
P.O. Box 41368
Raleigh, North Carolina 27629

Or Email: elaine@execman.net or chair@ncblss.org