

**Professional Learning Program  
Application for Professional Learning Unit Credit  
Prior Approval Form**

<b>Participant's Name</b>		<b>Course ID#</b>	<b>DFD637-0002</b>
<b>Home Address</b>			
<b>School/System</b>			
<b>Certification Type</b>		<b>Position</b>	
<b>Date of Birth</b>		<b>Social Security #</b>	
<b>Name of Course</b>	Georgia Preschool Association 56 <sup>th</sup> Conference: We All Live Together		

**Check the categories for which this PLU credit applies:**

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Field(s) of Certification<br><input type="checkbox"/> Annual Personnel Evaluation | <input checked="" type="checkbox"/> School/System Individual Improvement Plan<br><input type="checkbox"/> State/Federal Requirements |
|---|--|

**Description of Course:** The conference titled, “We All Live Together” is designed specifically for professionals, administrators, teachers, and staff who work with children who are zero-eight years old. The focus of this conference is to enable participants to deliver high-quality training and educational experiences for young children. The conference will include approximately 130 sessions over a two-day period.

**Location of Course:** Cobb Galleria Centre, Atlanta, Georgia

**Dates of Course:** February 27 & 28, 2015

I hereby approve this person’s participation in the above-named Professional Learning Unit Credit Program. I further certify that the goals and objectives of this course are consistent with the goals and improvement objectives of this school.

\_\_\_\_\_  
*Signature of Administrator Approving PLU Application*

\_\_\_\_\_  
*Date of Approval*

\_\_\_\_\_  
*Title*