**ACT 48 Credit Hours – Sign-In Sheet**

Please complete the following information to receive Act 48 credit hours for a meeting or training you have facilitated. **All participants are required to sign this sheet to receive credit.**

If you need more sign-in spaces, please print out another form and attach together.

Send this completed form to the Professional Development Office

 to have the activity credited in My Learning Plan.

|  |  |
| --- | --- |
| **Date:** | **Title of Meeting:** |
| **Description of Meeting (be specific):** |
| **Facilitator:** | **Location:** |
| **Meeting Time:** | **Total Hour(s):** |
| **Printed Name** | **Signature** | **Building** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |