**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.

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