

Georgia Project WET
Professional Learning Program
Application for Professional Learning Unit Credit
Prior Approval Form

Participant's Name: _____

Home Address: _____

School System: _____

Certification Type: _____ Position: _____

Date of Birth: _____ Social Security #: _____

Name of Course: _____

Check the categories for which this PLU credit applies:

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

Description of Course:

Location of Course: _____

Dates of Course: _____

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 system.

**System Superintendent or
Professional Learning Coordinator**

Date of Approval

Signature of Participant

Date of Approval

Georgia Project WET
Professional learning Unit (PLU) Course Completion Form
To document satisfactory completion of PLU courses

Participant Information

Name: _____ SS# _____

Employing System: _____

School/Worksite: _____

Course Information:

Course Title: _____

Date of Completion of all course requirements
Including assessment: _____

Total Contact Hours of the Course: _____

Number of PLU Credits: _____

Check the categories for which this PLU credit applies:

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

Training Agency Information:

Agency Name: Georgia Project WET
Attn. Jo Adang
Environmental Protection Division
4220 International Parkway, Suite 101
Atlanta, GA 30354

Verifications:

Option I: Mastery Verification

Prepared Phase/Contact Hours Completed

Instructor's Signature

Date

Option II: On-The-Job Assessment

Observer's Signature

Date Assessment Completed