



Date	Activity	Location/Time	Facilitator	Contact hour(s)

Based on \_\_\_\_\_contact hours participants will earn \_\_\_\_\_PLUs.

**V. On-the-Job Performance Verification Procedures/Follow-up Activities:**

Describe procedures for assessing instructional applications/changes/outcomes (when, who and how)

**VI. Mastery Verification:**

Please indicate the assessment guidelines that the instructor or instructors intend to use.

Proposal submitted by:

Date:

School:

-----FOR OFFICE USE ONLY-----

Approved: