

**CLARION UNIVERSITY OF PENNSYLVANIA  
COLLEGE OF EDUCATION AND HUMAN SERVICES  
Act 48 Information Form**

**Student Name:** \_\_\_\_\_  
(First) (Middle I) (Last)

**Student Address:** \_\_\_\_\_  
(PO Box) (Street)

\_\_\_\_\_  
(City) (State) (Zip Code)

**Student Social Security #:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Name of School District:** \_\_\_\_\_  
(Employed by)

**School District Address:** \_\_\_\_\_  
(Employed by)

**Type of Certificate you currently hold:** Level I \_\_\_\_\_ Level II \_\_\_\_\_

**Area of Certification(s):** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Check one:** \_\_\_\_\_ **Course - or -** \_\_\_\_\_ **Workshop**

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

**Name or Instructor:** \_\_\_\_\_

**Number of Credits:** \_\_\_\_\_ **- or - Number of Hours:** \_\_\_\_\_

**Date Course or Workshop was completed:** \_\_\_\_\_

**Please forward the completed form to:**

**Clarion University of PA  
c/o Center for Teaching Excellence  
ATTN: Linda Defibaugh  
113 Stevens Hall  
Clarion PA 16214-1232**

**Required Signatures:**

**I affirm that the above information I have provided Clarion University for Act 48 credit is true and accurate. Furthermore, I give Clarion University permission to submit any and all information contained on this form to the Pennsylvania Department of Education for entry into their Act 48 database.**

\_\_\_\_\_  
**Dean, College of Education and Human Services OR  
Director, Center for Teaching Excellence**

\_\_\_\_\_  
**Student Signature**

**Date information was entered in Act 48 account:** \_\_\_\_\_