

CLARION UNIVERSITY OF PENNSYLVANIA
School of Education
Act 48 Information Form

Student Name: _____
(First) (Middle I) (Last)

Student Address: _____

Student PPID# _____

Name and Address of School District (Employed by): _____

School District Address: _____

Type of Certificate you currently hold: Level 1 _____ Level II _____

Area(s) of Certification(s) _____

Work Phone: _____ Home Phone: _____ E-mail: _____

Course taken and Title _____

Name of Instructor _____

Number of Credits: _____ or Number of Hours: _____

Date course was completed: _____

Please scan completed form to email to ewise@clarion.edu, or mail completed for to:

Clarion University
College of Education, Health and Human Services
Ms. Elsa Ortiz Wise
127 Stevens Hall
Clarion, PA 16214

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 the Act 48 database.

Dean, College of Education,
Health and Human Services

Student Signature

Date information was entered in Act 48 database: _____