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,                                           Student Signature
Health and Human Services

Date information was entered in Act 48 database: _________________________________

Eow:  rev 08272020