Clear Form

Department of Staff Development (DSD)
MONTGOMERY COUNTY PUBLIC SCHOOLS
Upcounty Government Center
12900 Middlebrook Road
Germantown, Maryland 20874

CONTINUING PROFESSIONAL DEVELOPMENT EXPERIENCES (CPDE) COURSE REGISTRATION FOR PROFESSIONAL STAFF

INSTRUCTIONS: This form is used to register for MCPS sponsored *Continuing Professional Development Experiences (CPDEs).* CPDEs are Maryland State Department of Education approved credit-bearing courses. Applicant should complete one form for each course desired. Please complete Parts I and II. Return this form to the Department of Staff Development, Upcounty Regional Services Center or by fax to 301-601-4699. Course confirmations will be sent out by FirstClass.

PART I: To Be Completed by Applicant – PLEASE PRINT

_____ _____/_____/_____
Name (Last, First, Middle Initial – Print your legal name.) *Social Security Number*

Please indicate FirstClass account name _____

_____ _____-_____-_____ _____-_____-_____
School/Department/Division *Home Phone* *Work Phone*

_____ ☐ 12 month ☐ 10 month
Job/Position

_____ _____
Subject (if applicable) *Grade*

Requested Course:

_____ _____ _____ _____
Code *Title* *Section Number* *Number of Credits*

Class Schedule:

_____ _____ _____
Date(s) *Time* *Class Location*

_____ _____/_____/_____
Signature, Applicant *Date*

PART II: To Be Completed by Principal or Supervisor

Check One:

☐ This course is related to employee's assignment

☐ This course is not related to employee's assignment

Check One:

☐ I recommend enrollment

☐ I do not recommend enrollment

_____ _____/_____/_____
Signature, Principal/Supervisor *Date*

PART III: To Be Completed by the Department of Staff Development and Returned to Employee (if not on FirstClass).

☐ You have been admitted to the program/course. ***You will not receive additional notification.*** If you cannot attend, you must call the DSD office, 301-601-4869.

☐ You have been enrolled in a different section _____

☐ Your registration has not been accepted for the following reason:

☐ Overenrollment ☐ Late registration ☐ Inappropriate audience

☐ Other: _____ ☐ Course canceled ☐ You are already scheduled for a course at this time.

_____ _____/_____/_____
Signature, Department of Staff Development Representative *Date*