Participant Request for Recognition of Lifelong Learning Hours Completed

THIS SECTION FOR DISTRICT OFFICE USE ONLY		
DISTRICT:	LIFELONG LEARNING COORDINATOR:	REVIEW DATE:
COMMENT:		
Participant (legal name, no nicknames pleas	se)	Date of Request
Title of Lifelong Learning Event		Date(s) of Event
Total Possible Lifelong Learning Hours	Lifelong Learning	Hours Completed
3 3 3 3 3 3 3 3 3 3		, ,
What organization sponsored this event	? Presenter(s)	
Type of Event: Face-to-Face	Online Course Webinar	Other
Type of Event: Face-to-Face If "Other",	Online Course Webinar	Other
	Online Course Webinar	Other
If "Other",		Other
If "Other", please describe		
If "Other", please describe What was the developmental focus of th Content Competency The educational preparation of Nazarene min	nis event? Character Contentions four elemen	ext its [see Manual, 527.3].
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ALONG WITH THIS REQUEST, PLEASE SUBMIT ONE OF THE FOLLOWING TO YOUR DISTRICT LIFELONG LEARNING COORDINATOR:

- Description showing name, topic, sponsor, schedule, and intended outcomes.
- Course syllabus providing intended learning outcomes, instructor name(s), and topic covered.
- Certificate showing number of lifelong learning hours awarded by the sponsoring agency, if available.

Based on the information you have supplied, your District Lifelong Learning Coordinator will confirm the event's eligibility for lifelong learning hours and the number of hours completed.