

CONTINUING EDUCATION UNITS

PARTICIPATION VERIFICATION FORM

CONTINUING EDUCATION UNITS PARTICIPATION VERIFICATION FORM

Dear Close Up Teacher:

To earn Continuing Education Units (CEUs) from the Close Up Foundation, you must attend daily Teacher Program elements and get signatures from the Teacher Program Specialists using the correct Participation Verification Form for your program (see attached forms).

Teacher program elements include:

- Orientations and dinner Sunday night
- All-day programs on Monday and Tuesday
- All-day program on Wednesday for teachers (middle school travel only)
- All scheduled student-teacher meetings
- Capitol Hill day with your students (high school only)
- All-day program on Thursday for teachers (high school only)

The TPS at your hotel will verify your participation in the Close Up Foundation Teacher Program at your Teacher Reflection Workshop. Please have your Participation Verification Form filled out with the names of the appropriate tracks/electives before this time. Close Up typically grants one CEU for every ten contact hours on program. However, different schools and districts often have their own rules concerning how CEUs are accepted. Close Up cannot guarantee that your particular school or district will recognize the professional development offered by our Teacher Program.

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CONTINUING EDUCATION UNITS ENROLLMENT FORM

Please print clearly.

Name: _____

School: _____

School Address: _____

What dates did you attend Close Up? _____

What hotel did you stay in? _____

Who was the Teacher Program Specialist for your hotel? _____

What course(s) are you teaching this school year? _____

Daytime Phone Number: _____

Email Address: _____

Please submit this form, along with your Participation Verification Form and your Close Up Teacher Schedule to pertinent school administration. For any questions or additional documentation, please contact:

Luke Stallings
Senior Director of Account Engagement
Close Up Foundation
671 N. Glebe Road, Suite 900
Arlington, VA 22203
lstallings@closeup.org
703-706-3486

CONTINUING EDUCATION UNITS

PARTICIPATION VERIFICATION FORM

CONTINUING EDUCATION UNITS PARTICIPATION VERIFICATION FORM WASHINGTON HIGH SCHOOL / PROGRAM FOR NEW AMERICANS

NAME: _____

SCHOOL: _____

| Program Component | Maximum contact hours | Teacher Program Specialist Initials |
|---|-------------------------------------|-------------------------------------|
| Sunday Dinner and Orientation | 1.5 hours | |
| Monday Electives: <i>(list elective on line below)</i> _____ | 9 hours | |
| Tuesday Electives: <i>(list elective on line below)</i> _____ | 8 hours | |
| Student-Teacher Capitol Hill Prep Meetings | 1 hour | |
| All-Day Meetings on Capitol Hill | 8 hours | |
| Thursday Electives: <i>(list elective on line below)</i> _____ | 8 hours | |
| Teacher Reflection Session | .5 hour | |
| Total Hours = | _____ (36 total possible) | |

Teacher Program Specialist Name & Signature: _____

Dates of Completion: _____

Submit this form, along with the Close Up Enrollment Form and your Close Up Teacher Schedule to pertinent school administration. For any questions or additional documentation, please contact Luke Stallings, Senior Director of Account Engagement, at Lstallings@closeup.org or (703) 706-3486.

CONTINUING EDUCATION UNITS

PARTICIPATION VERIFICATION FORM

CONTINUING EDUCATION UNITS PARTICIPATION VERIFICATION FORM WASHINGTON & PHILADELPHIA / WILLIAMSBURG / MT. VERNON MIDDLE SCHOOL PROGRAM

NAME: _____

SCHOOL: _____

| Program Component | Maximum contact hours | Teacher Program Specialist Initials |
|--|----------------------------------|-------------------------------------|
| Sunday Dinner and Orientation | 1.5 hours | |
| Monday Electives: <i>(list elective on line below)</i> _____ | 9 hours | |
| Tuesday Electives: <i>(list elective on line below)</i> _____ | 8 hours | |
| All-Day Exploration of Philadelphia/Williamsburg/Mt. Vernon | 8 hour | |
| National Mall Exploration with Students: <i>(list elective on line below)</i> _____ | 1.5 hour | |
| Total Hours = | _____ (28 total possible) | |

Teacher Program Specialist Name & Signature: _____

Dates of Completion: _____

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CONTINUING EDUCATION UNITS

PARTICIPATION VERIFICATION FORM

CONTINUING EDUCATION UNITS PARTICIPATION VERIFICATION FORM WASHINGTON MIDDLE SCHOOL CORE PROGRAM

NAME: _____

SCHOOL: _____

| Program Component | Maximum contact hours | Teacher Program Specialist Initials |
|--|---------------------------------------|-------------------------------------|
| Sunday Dinner and Orientation | 1.5 hours | |
| Monday Electives: <i>(list elective on line below)</i> _____ | 9 hours | |
| Tuesday Electives: <i>(list elective on line below)</i> _____ | 8 hours | |
| National Mall Exploration with Students: <i>(list elective on line below)</i> _____ | 2 hours | |
| Total Hours = | _____ (20.5 total possible) | |

Teacher Program Specialist Name & Signature: _____

Dates of Completion: _____

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CONTINUING EDUCATION UNITS

PARTICIPATION VERIFICATION FORM

CONTINUING EDUCATION UNITS PARTICIPATION VERIFICATION FORM NEW YORK CITY PROGRAM WITH TEACHER PROGRAM SPECIALIST

NAME: _____

SCHOOL: _____

| Program Component | Maximum contact hours | Teacher Program Specialist Initials |
|----------------------------|-------------------------------------|-------------------------------------|
| All Day Exploration of NYC | 8 hours | |
| All Day Exploration of NYC | 8 hours | |
| Total Hours = | _____ (16 total possible) | |

Teacher Program Specialist Name & Signature: _____

Dates of Completion: _____

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