

## IU1 PRESENTER INSTRUCTOR INFORMATION FOR ACT 48 HOURS

Please complete this part of the form for each new learning activity taught. Intermediate Unit will be entering Act 48 hours based on the number of hours presented.

Instructor's PPID Number \_\_\_\_\_

Instructor's Name \_\_\_\_\_

Instructor's Home Address \_\_\_\_\_

Email address \_\_\_\_\_

Act 48 Activity Title \_\_\_\_\_

Date(s) of Learning Activity \_\_\_\_\_

Number of Hours for Act 48 Activity \_\_\_\_\_

Signature \_\_\_\_\_

I verify that I have presented this activity for the first time and have increased my content knowledge and skills.

Please return this form to:

Instructional Support Services Office  
Attn: Jarol G. DeVoge/Lillian E. Mickens  
Intermediate Unit 1  
One Intermediate Unit Drive  
Coal Center, PA 15423  
Phone: 724-938-3241 ext. 250/251  
Fax: 724-938-8722  
mickensl@iu1.k12.pa.us