



THE CREATIVITY WORKSHOP

P EDU 9008 DEVELOPING NEW IDEAS IN EDUCATION PRACTICUM (1), (2), OR(3) SEMESTER CREDITS

<p>WHO MAY ENROLL</p> <p>All participants, including those on district funding or release time should be eligible to enroll since these credits are awarded entirely for FOLLOW-UP on your own personal time after the completion of this Creativity workshop, conference, etc. Participation is only a prerequisite to the course enrollment.</p>	<p>COURSE DESCRIPTION</p> <p>Our FOLLOW-UP course is designed for all educators who have attended and/or will attend this educational conference, workshop, etc. Credits for Educators encourages these courses as a result of participating in these diverse programs. The credits are earned after the attendance and the course work is designed to demonstrate the implementation and planning of activities/strategies. Enrollment in this particular course also encourages "taking one step beyond" attending/participating and further develops the actual "putting into practice" the outcomes derived from these educationally related program.</p>	<p>COURSE REQUIREMENTS</p> <ol style="list-style-type: none"> For each credit, the participant must develop a 3 page, typed, single-spaced, narrative report, outlining implementation and/or learning strategies and ideas as an outgrowth from the conference/seminar/workshop/webinar attended. Include a summary and demonstrate the practical implementation of the strategies and ideas as derived from the program. Prepare a separate title page for each course enrolled and include your full name, SSN, course number/title, number of credits and both beginning/ending date. Submit coursework in a report folder/cover. Mail your completed coursework to:
<p>REGISTRATION PROCESS</p> <p>To Email Registration Form: Download this PDF form to your computer. Next, type in all requested information. Finally, save your document as a PDF and email as an attachment to: ecg1@ecg1.net or print form and mail directly to:</p> <p>Dr. Allan Lifson Credits for Educators/University of the Pacific 729 West. 16th St, Suite B-3, Costa Mesa, CA, 92627</p> <p>Confirmation and Transcript information mailed upon receipt of enrollment. Unofficial Transcripts are provided automatically.</p> <p>University of the Pacific, is fully accredited and provides Professional Development, Graduate-Level Semester Credits NATIONWIDE.</p>	<p>ASSISTANCE & QUESTIONS</p> <p>For more information & answers to FAQ's visit our website: www.creditsforeducators.com</p> <p>Or contact Dr. Allan Lifson, Coordinator, during scheduled telephone office hours. Office Phone: (800) 479-1995 Available: 8am-12pm, T, W, Th, Pacific Time.</p> <p align="center">Dedicated to helping educators like you! Earn Graduate-Level Semester Credits Units for Salary Advancement & Recertification...</p>	<div style="border: 1px solid black; padding: 5px;"> <p>Dr. Allan Lifson Credits for Educators/University of the Pacific 729 West 16th St, Suite B-3, Costa Mesa, CA, 92627</p> </div> <p>To verify receipt of course work, please send a self-addressed stamped postcard or stamped sealed envelope. DO NOT send course work requiring signature as this will only delay the processing of your grade. Course work may not be submitted electronically. Retain your own COPY course work is not returned. EXTENSIONS GRANTED UPON REQUEST. Discover other possibilities at: www.creditsforeducators.com</p>

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Post-baccalaureate semester units of credit from University of the Pacific, Center for Professional & Continuing Education. Professional Development Courses are for graduate participants who are NOT pursuing an advanced degree at UOP. Acceptable where local districts approve and applicable to state licensing where authorized. Tuition fees are nonrefundable. UOP is fully accredited by WASC.

REGISTRATION FORM

Highest Degree earned From

Previously enrolled in Professional Development from UOP? YES NO

District: (NO Abbreviations)

PLEASE TYPE, OR PRINT NEATLY WITH A DARK BLACK OR BLUE PEN



Completion Date is 4 months from the Enrollment Date

Enrollment Date	Completion Date
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COURSE NUMBER:

COURSE TITLE:

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DEVELOPING NEW IDEAS IN EDUCATION PRACTICUM

S.S.# HM: BIRTH DATE

NAME WK:

LAST FIRST M.I.

AREA CODE & PHONE NUMBER

ADDRESS

CITY STATE ZIP

Home E-mail Address

Please enroll me in:

Number of Semester Units of Credit (1, 2, 3)

Fee Per Unit.... **\$ 62**

Tuition Submitted.... **\$**