



College Of Education Kutztown University
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ACT 45 PILS REPORTING FORM

Return to the College of Education, Dean's Office Beekey 231. Please allow 2 to 4 weeks for processing.

If **all fields** are not completed your Act 45 **will not be submitted** for credit.

Last Name: _____ First Name: _____ M.I.: _____

Kutztown University MYKU Student ID #: _____

Professional Personnel ID#: _____ *PLEASE DO NOT USE YOUR SOCIAL SECURITY NUMBER.*

To obtain your Professional Personnel Identification Number go to:

www.education.state.pa.us

Under the ACT 48—Continuing Professional Education click "Online ACT 48 Professional Education Record Management System".

Birth Date (month/day/year): _____

Home Mailing Address: Street: _____

City: _____ State: _____ Zip Code: _____

Preferred Contact Phone Numbers: _____

Email: _____

If there are any problems with your Act 45 form or submission you will be contacted via email. Please print clearly.

SUBMIT FORM ONLY AFTER THE COURSE IS COMPLETE. Forms submitted in advance *will not* be processed.

COLLEGE COURSE

College Course: Prefix & Course # (e.g., EDU 511): _____

Course Title: _____

Semester: _____ Year: _____

I affirm that the above information I have provided to Kutztown University's Act 48 Recorder is true and accurate. Furthermore, I give Kutztown University permission to submit any and all information contained on this form to the Pennsylvania Department of Education for entry into the Act 48 database.

Signature: _____ Date: _____