



College Of Education Kutztown University  
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Kutztown, PA 19530  
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## ACT 48 REPORTING

Complete one form for **each course** you have completed through Kutztown University and for which you would like to receive Act 48 credit, and return to the College of Education, Dean's Office Beekey 231.  
Please allow 3 to 4 weeks for processing.

If **all fields** are not completed your course **will not be submitted** for Act 48 credit.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Maiden Name or Last name on file with Kutztown University: \_\_\_\_\_

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

To obtain your Professional Personnel Identification Number go to:

[http://www.education.state.pa.us/portal/server.pt/community/act\\_48\\_-\\_continuing\\_professional\\_education/8622](http://www.education.state.pa.us/portal/server.pt/community/act_48_-_continuing_professional_education/8622)

Under the Educator Options click "Get your Professional Personnel ID". Fill out the appropriate information

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 48 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 OR PROFESSIONAL DEVELOPMENT ACTIVITY

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: \_\_\_\_\_