

**FORT SMITH PUBLIC SCHOOLS
NON-CERTIFIED
ADVANCEMENT POINTS APPLICATION (PAP)
(REVISED 1-24-2007)**

PERSONAL INFORMATION

DATE: _____ SOCIAL SECURITY NUMBER: _____
NAME: _____ POSITION: _____ SCHOOL: _____

() WORKSHOP : DATE: _____
NUMBER OF DAYS INVOLVED: _____ TIME OF DAY: _____ TOTAL HOURS IN SESSIONS: _____

TITLE SPONSOR LOCATION

Must attach signed documentation that includes Date/Time/Presenter/Sponsoring Agency/Provider

() ACADEMIC: (COLLEGE HOURS) DATE: _____ CREDIT HOURS: _____

COURSE # COURSE TITLE INSTITUTION LOCATION

MUST ATTACH OFFICIAL TRANSCRIPT FOR COLLEGE HOURS

UNABLE TO PROCESS BECAUSE:

- Training during contract time
- Training before contract began
- Need more specific information: _____

ATTACH SUPPORTING DOCUMENTS

USE ONE FORM FOR EACH CLASS

THIS BLOCK FOR PROFESSIONAL DEVELOPMENT OFFICE USE

POINTS THIS APPLICATION _____ DATE POSTED TO RECORD _____
TOTAL POINTS TO DATE _____ DATE ECRF SUBMITTED IF APPLICABLE _____ New Level _____
DATE ECRF SENT TO PERSONNEL _____