

QUEEN ANNE'S COUNTY PUBLIC SCHOOLS
APC CREDIT COMPLETION FORM

EMPLOYEE INFORMATION

Employee Name: _____ Employee I.D. #: _____

Position: _____ School / Work Location: _____

ACTIVITY INFORMATION

Name of Activity: _____

Content Emphasis: _____ QAC Activity #: _____

Activity Date(s): _____ Total # of Hours: _____ Credits Earned* : _____

Instructor or Administrator's Signature: _____ Date: _____

Human Resources Officer: _____ Date: _____

APC credit may only be used for APC renewals and cannot be used in place of required reading credits. **Fifteen (15) clock hours equal one (1) credit. Please submit the original signed form to the Certification Specialist in Human Resources after completion of the activity. Always retain a copy for your records.*

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