



**REQUEST FOR CDC CREDIT FOR COURSEWORK**  
**NOT SPONSORED BY SWCCCASE**

Complete this form entirely and submit it to your program supervisor for pre-approval. Any coursework completed outside the Southwest Cooperative must meet the following criteria:

- a. 15 hours of contact/instructional time;
- b. Sponsored by an approved provider of Continuing Education/Professional Development;
- c. Meet Illinois Professional Teaching Standards or Professional Standards from other Educational Support Personnel Organizations related to the employee's position;
- d. Offer credits or a Certificate of Completion;
- e. Incorporate application exercises/project completed;
- f. Facilitator must have appropriate credentials;
- g. Course will not be eligible for tuition reimbursement from Southwest Cooperative;
- h. Course will not be eligible for Professional Development reimbursement through Learning Links;

The employee is responsible for paying all fees associated with the course. If the course is approved, the employee is required to submit evidence of satisfactory completion of the course within 4 weeks of the course end date to the Assistant Director.

Name: \_\_\_\_\_ Program: \_\_\_\_\_

Date Submitted: \_\_\_\_\_ Position: \_\_\_\_\_

Name of Course: \_\_\_\_\_

Sponsor of Course: \_\_\_\_\_

Number of Contact Hours: \_\_\_\_\_ Date(s) of Course: \_\_\_\_\_

Types of Credit Available: \_\_\_\_\_

List the Illinois Professional Teaching Standards or other Professional Standards ( S/L, SW, OT/PT etc.) aligned to this course:

Identify application assignments/projects completed in this course:

Attach a flier/brochure for the course and credentials of the presenter.

Employee's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_  Accepted  Denied

Reason for Denial: \_\_\_\_\_

Director/Assistant Director's Signature \_\_\_\_\_ Date \_\_\_\_\_  Accepted  Denied

Reason for Denial: \_\_\_\_\_