

MONTGOMERY COUNTY PUBLIC SCHOOLS**Continuing Professional Development (CPD) Request**

Office of Human Resources and Development (OHRD)
MONTGOMERY COUNTY PUBLIC SCHOOLS (MCPS)
45 W. Gude Drive, Suite 2300, Rockville, Maryland 20850

INSTRUCTIONS

Please use a separate form for each course and make sure all items are complete. This form is used to add course information to the professional development online (PDO) system. If the course is due to expire, refer to the CPD Manual for procedures. Contact 301-315-7391 with questions.

PLEASE NOTE: Because of budget restraints, all classes require a minimum of 25 participants before we can offer the class. We will cancel classes two days before the start of the class if enrollment is low. (The outdoor education course is the only exception to this policy due to the required teacher/student ratio.)

FISCAL YEAR _____

SUMMER SEMESTER (July–August) **FALL SEMESTER** (Oct–Jan) **SPRING SEMESTER** (Feb–beginning of June)

Number of Approved MSDE Credits:

1-credit = 15 hours of class **2-credits = 30 hours of class** **3-credits = 45 hours of class**

PART I: CONTINUING PROFESSIONAL DEVELOPMENT (CPD) COURSE INFORMATION

CPD/MCPS Number _____ Title _____ Expiration Date ____/____/____

Director/Coordinator of sponsoring office/department _____ Telephone ____-____-____

Contact person of sponsoring office department _____ Telephone ____-____-____

CPD Funds requested for MCPS Instructors from OHRD (*PENDING BUDGET APPROVAL*):

Funds Requested (*choose a payment*) _____

Intended Audience _____ Is priority enrollment to be given to this target audience Yes No

Is a Canvas set up needed? Yes No

Minimum Enrollment **25** Maximum Enrollment _____

Class Location: School/Center _____ Room Number _____

(1) I have filled out the required Community Use of Public Facilities (CUPF) facility reservation form. Yes No

(2) I have informed my instructors of their locations and rooms. Yes No

Class Begin Date ____/____/____ Class End Date ____/____/____

Class Start Time ____:____ a.m. p.m. Class End Time ____:____ a.m. p.m.

List dates of each class _____

Day(s) of the week class will run: _____

I would like OHRD to post the additional information, on page 2 of this form, for this course on the Professional Development Online (PDO) system

PART II: INSTRUCTOR INFORMATION

If the instructor is not an MCPS employee, list social security number and a mailing address. For a second instructor, please use page 2.

Instructor Name (Last, First, MI) _____ Telephone: (W) ____-____-____ (H/C) ____-____-____

Location _____ MCPS Employee ID# _____

Non-MCPS Instructor Info: SSN ____-____-____ Mailing Address _____

PART III: FOR USE OF OFFICE OFFERING THE CPD REQUEST

I understand that my electronic submission of this form and my electronic signature are intended to be, constitute, and are equivalent to my personal signature.

Department Director's Signature _____ Date ____/____/____

FOR CPD UNIT USE ONLY

Posted Date ____/____/____

Comments:

PART IV: IMPORTANT INFORMATION

- Classes cannot run during MCPS teacher contract hours.
- Ensure that there are no conflicts with school or religious holidays (see MCPS Calendar Central and Holidays/Religious Observances).
- Typically, if school is in session, a CPD course may be held that afternoon or evening. Exceptions include snow days, the day before a long holiday such as Thanksgiving, and religious holidays recognized by MCPS. MCPS Calendar Central and Holidays/Religious Observances.

ADDITIONAL CPD COURSE INSTRUCTORS AND/OR INFORMATION FOR PDO