



**Family, Career and Community Leaders of America®
Educated Adviser Award
2018-2019
Continuing Education Units Verification Form**

Adviser: _____ School Name: _____
Address: _____ School Phone: _____
_____ Home Phone: _____
City: _____ State: _____ Zip: _____ Email Address: _____

Applicants will be recognized for their accomplishment of Adviser Professional Development Hours. This form can be filled out at any FCCLA event, and multiple forms can be submitted with application for the award. Total credits must be recorded on application.

Professional Development Verification

Event Date and Location: _____ Time Frame of Session: _____
Session Title: _____
Session Description and Summary: _____

National Staff or Presenter Signature: _____ Date: _____

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Session Title: _____
Session Description and Summary: _____

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