



PROGRAM PROPOSAL FORM

For
Nine Mile Falls School District Clock Hour Application

SECTION A — *To be completed by Originator*

This section is to be completed by the person responsible for managing the presentation of the program offering (originator).

Originator's Name: _____ Business Phone: _____

School District / Agency / Organization: _____

Business Address: _____

City/State/Zip: _____

Program Title: _____

Program Date(s): _____ Grade Level (s) _____

Start Time(s): _____ Ending Time(s): _____

Total Clock Hours Requested: _____ Number or Participants Expected: _____

Specific Location: _____

Available for College Credit? ☐ Yes ☐ No If yes, college or University: _____

Presenter/Instructor: _____

(If Résumé is not on file at NMFSD please attach)

Program description and objectives. *(Add attachment if necessary):* _____

SECTION B — *To be completed by NMFSD Course Approval Committee*

☐ Approved as workshop # _____ ☐ Denied

If Denied explain: _____

Committee Chair Signature

Date



PROGRAM PROPOSAL FORM

Program Agenda and Objectives

Program Name: _____

Program Date(s) _____

Presenter(s): _____

Major Topics to be covered:

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

Program Objectives/Expected participant outcomes:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____



PROGRAM PROPOSAL FORM
Clock Hour Presenter
Résumé Form

Name: _____ Home Phone: _____

Address: _____

City/State/Zip: _____

Current Employer: _____ Position: _____

Work Address: _____ Work Phone: _____

Professional Education:

Institution	City/State	Degree	Date Granted

Professional Experience and Activities: _____

Work Experience and Activities: _____

Professional Memberships: _____

References:

Name	Position	Telephone
		()
		()
		()
		()

Once submitted, this document will remain on file with NMFSD