



Community-Based Professional Development Request Form

Facility Name(s): _____

Street Address: _____

Contact Person: _____

Email Address: _____

Phone Number: _____

STAR Level(s): STAR1 STAR2 STAR 3 STAR4

County: _____

**Title or Content of Professional
Development Request**
(One Course Per Form)

Criteria# (ie. SQ 3.4.4) or
CKC (Needs-Based)

PD Hours Requested:

Number of Staff Needing This

Course (*Minimum of 15 Required*): _____

Event Preference: Daytime Evening

Weekday Weekend (Days)

Times: _____

Name of Site Willing to Host: _____

Address of Site Willing to

Host: _____

Contact Person: _____

Please return the completed form to Ann Schaack, Professional Development Assistant, via email at anns@nwirkey.org or fax at 814/836-9615