

**MARYLAND CHILD CARE CREDENTIAL
PROFESSIONAL ACTIVITY UNIT (PAU) APPROVAL FORM**

Please complete this form to have any activity not listed on the PAU matrix evaluated for approval. This form must be completed with all information and include any additional documentation that will assist with determining approval and the number of PAUs to be awarded (documentation such as – letter, copy of certificate, brochure, advertisement, photograph, etc.).

The request will be reviewed and if approved assigned a number of PAUs (1 to 3).

Title/Type of Activity:	
Sponsor/Location:	
Date (s):	Number of Hours (if applicable):
E-Mail/Phone Number:	

Provide a brief Explanation of the activity:

List Two (2) ways that this activity impacts professional growth and is related to the child care field:

List at least Three (3) ways in which involvement in this activity gives back to the child care community and/or improves the quality of child care program. *(please note that activities that serve only marketing purposes for programs or organization are not considered professional activities for the purpose of awarding PAUs)*

Signature of Applicant: _____ **Date:** _____

***Signature of Person Verifying Activity:** _____ **Date:** _____

*For Individuals - A Supervisor, employer, or sponsoring authority must complete signature of verification.

**Please email completed form to:
credentialocc.msde@maryland.gov**

Information submitted will be processed within 60 days of receipt and notification will be sent via e-mail.