

## SCACS Continuing Education/Staff Development Activity Preapproval Application

**Directions:** Submit one preapproval form per professional development activity. When the approval is returned, copy the preapproval form on the back of the attendance voucher (one per participant). To renew certification, teachers will submit the completed two-sided form and any other renewal paperwork. Activities must meet all continuing education requirements as described in FAQ 6-12.

Check **one** of the following:

### Category A

- ☐ Audit college course
- ☐ College-offered continuing education program
- ☐ Online professional development
- ☐ SCACS/SECS Teachers' Convention – do not use this form: use form/CEU provided at the convention
- ☐ Off-site professional development activity
- ☐ On-site professional development activity with outside leader

### Category B\*

- ☒ On-site professional development activity led by qualified ministry faculty or staff member
- ☐ On-site professional development activity provided by video or audio instruction, supervised by school administrative staff

*\*For certificate renewal, no more than 1/3 contact hours may be from Category B.*

Class or Seminar Title: CPR Training

Instructor Name: Summer Cave

Academic degree and/or other qualifications: BSN; School Nurse

Educational topics or issues the activity will address (must be professional development):

CPR training for the school setting

Description of event: (e.g. college course, online, DVD, live instruction, etc. Will the event be part of a larger event? Will it be a group/classroom event? If it is on-site, who will be supervising?)

Live training

Date(s) and times of activity: Summer 2026

Number of direct instructional hours (Do not include breaks, homework, etc.): 5 hr

Certification titles of those who will attend/receive continuing education credit:

- |                                                  |                                                                |                                                                         |
|--------------------------------------------------|----------------------------------------------------------------|-------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Preschool    | <input checked="" type="checkbox"/> Secondary                  | <input checked="" type="checkbox"/> Specialist (Bible, CIT, Counseling) |
| <input checked="" type="checkbox"/> Kindergarten | <input checked="" type="checkbox"/> All-Level (Music, Art, PE) | <input checked="" type="checkbox"/> Administrator                       |
| <input checked="" type="checkbox"/> Elementary   | <input checked="" type="checkbox"/> Special Education          |                                                                         |

School Name Bob Jones Academy

Email bja@bobjonesacademy.net

City, State Greenville, SC

Phone (864)770-1395

Administrator's Signature Esther Baker (sf)

Date Request Filed 8/26/26

### For Office Use Only

- ☒ Continuing education credit granted
- ☐ Continuing education credit denied. Explanation of denial:

Number of contact hours allowed for activity: 5

Conditions or limitations:

Signature of SCACS official

[Signature]

Date of Reply

8/27/26

*only allowed for PE teachers, Coaches & Athletic Directors*