



**IDAHO STATE UNIVERSITY**  
**Professional Development /Short Course Form**  
**Intermountain Center for Educational Effectiveness**  
**921 S. 8<sup>th</sup> Ave., Stop 8019 – Fax 282-2244**  
**Pocatello, ID 83209**

<b>Office Use Only</b>
Source Code: _____
Date: _____

**PERSONAL INFORMATION**  
(All Information must be filled in)

ISU ID or SS#: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Day Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Male/Female: \_\_\_\_\_

Email: \_\_\_\_\_

**DEGREE INFORMATION (required)**

High School: \_\_\_\_\_

HS State: \_\_\_\_\_ HS Grad Date: \_\_\_\_\_

Highest College Degree Earned: \_\_\_\_\_

Institution: \_\_\_\_\_ State: \_\_\_\_\_

Courses within the dates below will be transcribed in these semesters:

Fall	August 2 – December 5
Spring	January 10 – May 1
Summer	May 16 – August 1

**[Non-degree/professional development attendees may only take seven (7) credits per semester]**

SEMESTER	CRN	DEPT	COURSE #	COURSE TITLE	FEE per CR	# CR	# TOTAL
A311		EDUC	5598P		60.00		

CHECK # \_\_\_\_\_  MasterCard [NOTE: ISU No Longer Accepts VISA]

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_ 3 Digit Card Security Number X \_\_\_\_\_

Cardholder Name As It Appears On Credit Card: \_\_\_\_\_

Cardholder Signature: X \_\_\_\_\_

**IDAHO TEACHER/PROFESSIONAL DEVELOPMENT RE-CERTIFICATION ONLY**  
(Teachers: Form will not be processed without completing this information)

I understand that 597 courses do not count toward a graduate degree.

I am an Idaho public school teacher or other professional employee of an Idaho school district.  
School district employed or contracted by: \_\_\_\_\_

I understand that through my signature I am attesting to the fact that I will attend all course sessions and events to provide 16 contact hours per 4497/5597 and 4498P/5598P credit being taken.

I understand that it is my responsibility to provide accurate credit card information and/or valid checks.

I understand the dates indicated above is the semester of when the course will be posted to my official transcript.

Transcripts may be requested throughout the year at: <http://transcripts.isu.edu>

I understand that this form must be complete and submitted within two weeks of the start of the class start date or the form and fee will be returned to me and I will not be registered. I certify that the above information is correct.

X \_\_\_\_\_  
Signature Required for Registration Date

<b>COURSE TITLE</b>	<b>CRN #</b>	<b>CREDITS</b>	<b>CREDIT FEE</b>
Blended Learning for Today's Classroom	31489-41	2	120.00
PLC Team Leader Training	31490-42	1	60.00
Introduction to Blogs	31491-43	1	60.00
Introduction to Podcasting	31492-44	1	60.00
Introduction to Teaching with Blackboard	31493-45	1	60.00
Introduction to Wikis	31494-46	1	60.00
Teaching With BrainHoney	31540-49	1	60.00
Blended Learning for Today's Classroom with BrainHoney LMS	31541-50	1	60.00