District, School, Agency or Organization: Organization Title

Contact Name: Name Email: email Phone: ###.###.####

## Course Logistics:

Course Title: **Title**  
Course Code:  *(CPD use only)*  
Course Catalogs: *(CPD use only)*

New Course

Number of Credits: **1 Credit, 15+ Hours of Coursework, $60 Registration Cost**

Instructor of Record: **Name**  
Preferred Email: email

Instructional Assistant: Name(s)  
Preferred Email: email(s)

An Instructional Assistant is optional, and is an additional person who can post grades and view the course roster.

Does the instructor of this course want to receive PD credit for facilitating? **No**

According to Idaho Law S1104aa, providing instruction in a professional development course is an option to complete required credits. An additional section will be created for the instructor to register in. A reflection will be due to NNU outlining how teaching the course benefited you and supported your professional development.

Is this course ONLY available to teachers in your district? **No**

Evaluation Procedure: **Pass/Fail**

Letter grade evaluation requires submission of a grading scale.

The following information provided in the Course Details sections will be included on NNU CPD’s webpage.

## Course Details:

### Course Description

Write a 3-4 sentence description which includes goals and objectives.

Click or tap here to enter text.

### Course (Section) Details

Identify any required attendance, assignments, expectations, etc.

**Course Requirements**

* Click or tap here to enter text.

For all **questions regarding course content,** please contact the instructor at: (email address).

## Schedule:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Dates | Day | Time | Total Hours | Location | Instructional Method |
| Date(s) | Weekday | Start – End | ## | Location | Traditional/F2F |
| Date(s) | Weekday | Start – End | ## | Location | Traditional/F2F |
|  |  |  |  |  |  |
| Final Registration Date: **Date** | | | Course End Date: **Date**  \*must be at least 2 weeks after final registration date | | |

## Financials:

How many self-pay registrations will you allow? **50**

If your organization will be using a **Purchase Order**, how many seats are you reserving? **0**

If there is an additional charge to participants, provide the information below.

Additional Cost (instructor / conference fees): **$0**

Payable to NNU?  No - Link for payment of fees to sponsor/instructor: link  
  Yes - CPD Contract Initiation

**NOTE:** Professional Development courses do not count toward an academic degree.  
**Course Prerequisite:** Bachelor’s Degree

NNU director, Professional Development (Electronically Approved)

NNU Department Chair (New Course)  
(Electronically Approved)

Date Approved: