

# CLOCK HOUR & C.E.U. TRACKING for ACADEMIC PARTICIPANTS

Conferred jointly by the American Choral Directors Association and the University of Central Oklahoma



NAME	ACDA MEMBERSHIP NUMBER (required)
ADDRESS	CITY, STATE ZIP
PHONE (       )	E-MAIL



2012 Washington ACDA Summer Institute  
Tacoma, Washington

**INSTRUCTIONS:** Provide ALL information requested on this form. Incomplete and/or illegible documents will not be accepted. Mail completed form to the address below. Form must be mailed within TEN (10) DAYS of the completion of the Conference. Certificate will be mailed to the address you provide above.

SESSION	CLINICIAN NAME	REFLECTION NOTES	CERTIFYING INITIALS	HOURS

(Additional recording space on reverse)

**Applying For:**

- Clock hours only     CEU Credit (TEN clock hours = ONE CEU)

Participant signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**ACDA USE ONLY**  
Total Hours: \_\_\_\_\_ Total CEUs: \_\_\_\_\_ Certificate Sent: \_\_\_\_\_

