



# Kanmas

## Educational Support Center, Inc.

PA Private Academic School Providing Comprehensive K-12  
Educational and Professional Development Support Services

### CEU (ACT 48) REPORTING FORM

In compliance with Act 48, Kanmas Educational Support Center, Inc., will report 3 Continuing Education Unit credits earned by certified educators to the Pennsylvania Department of Education and their employer for the purpose of tracking professional development. For accurate reporting of your earned units, please print and complete the entire form, and return it to the address below, attention Dr. Enefaa N. Wosu, Kanmas Educational Support Center, 5475 Route 8, Gibsonia PA 15044

**Section 1: This section to be completed by the student.**

ID Number \_\_\_\_\_ Certification Number \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Are you presently employed? Yes No \_\_\_\_\_

**Required Signature:**

I affirm that the information provided above is true and accurate. Furthermore, I give **Kanmas Educational Support Center, Inc.** permission to submit any information contained on this form to the Pennsylvania Department of Education for entry into the ACT 48 database.

Signature of Student: \_\_\_\_\_

Date: \_\_\_\_\_

Mail or fax this form to: **Kanmas Educational Support Center, Inc.** 5475 Route 8, Gibsonia PA 15044  
Phone (412) 894-8595 | Fax (412) 894 8686 | email:kescinfo@kanmas.com |  
Website [www.kanmaseducation.org](http://www.kanmaseducation.org)

**Section 2: This section to be completed about your employer (if applicable).**

Employer \_\_\_\_\_

Address \_\_\_\_\_

Name of principal or supervisor \_\_\_\_\_

Telephone \_\_\_\_\_

**Section 3: This section to be completed by Kanmas Educational Support Center, Inc.**

Date of completion of course/workshop \_\_\_\_\_

Grade or hours received \_\_\_\_\_

Authorizing signature or seal \_\_\_\_\_

[http://www.kanmaseducation.org/buynow\\_2.html](http://www.kanmaseducation.org/buynow_2.html)