TO: Superintendents of Schools  
Regional Educational Service Center Executive Directors  
Charter School Directors  
Cooperative Educational Service Center Directors  
Magnet School Directors  
Special Education Facility Administrators  

FROM: Dr. Betty J. Sternberg, Commissioner of Education  

DATE: April 5, 2005  

SUBJECT: Continuing Education Units (CEUs)  

Although the Connecticut Guidelines for the Issuance of Continuing Education Units Required for Certification and the CEU Procedures Manual expired as of June 30, 2004, please continue to use these documents until such time that the publications are updated. We anticipate the revision of these publications as early as this fall. For your convenience, the publications are available on our website at: http://www.state.ct.us/sde/dtl/cert/ceutoc.htm.

We have also adopted a couple of reporting changes concerning continuing education units (CEUs) about which we want to notify you. We hope that these changes will make the processing and reporting of CEUs easier for districts.

- Due to the concerns surrounding identity theft, a local board of education, as an approved CEU Provider, may elect to use the last four digits of a social security number, rather than the complete social security number, for a participant attending professional development activities offered for CEUs. This may include sign-in/sign-out sheets, as well as CEU certificates.

- Due to the volume of professional development activities offered for CEUs, a local board of education, as an approved CEU Provider, may elect to produce either a CEU certificate or an annual transcript for a participant attending professional development activities offered for CEUs. Please note that should an individual request a CEU certificate upon completion of the professional development activity, the local board of education is required to provide the requested information within 90 days.
Also, please complete the enclosed CEU Coordinator Appointment Form to designate your district’s CEU Coordinator. Please return this form to Patricia Wilson, State CEU Coordinator, at the address printed on the form no later than June 30, 2005. Your cooperation in helping us maintain an updated listing of CEU Coordinators is appreciated.

Please take the time to review this material with your CEU District Coordinator and any affected staff. If you have any questions, please contact Nancy L. Pugliese, J.D., Chief, Bureau of Educator Preparation, Certification, Support and Assessment, at (860) 713-6709 or by e-mail at nancy.pugliese@po.state.ct.us.

BJS:npw
Attachment
CEU COORDINATOR APPOINTMENT FORM

Please complete the form below with the appropriate information and mail by **June 30, 2005**, to the address below:

Bureau of Educator Preparation, Certification, Support and Assessment
Connecticut State Department of Education
P.O. Box 150471, Room 243
Hartford, CT 06115-0471

Attn: Patricia Wilson
State CEU Coordinator

You may also fax this form to **860-713-7017**.

**Name of Board of Education:** ______________________________________________________

**CEU Provider No. (required):** _____________

**Board of Education Address:** ______________________________________________________

______________________________________________________________________________

**Telephone:** ______________ Fax: ______________ Email:  ____________________________

**Internet URL (Web Site):** _________________________________________________________

**Superintendent Name:** ___________________________________________________________

**CEU Coordinator Name:** _________________________________________________________

**CEU Coordinator Position/Title:** __________________________________________________

**CEU Coordinator Mailing Address (if different from address above):**

______________________________________________________________________________

**Coordinator Phone:** ____________ Fax: ______________ Email:  _______________________

*I appoint the person listed above as CEU Coordinator.*

__________________________________________  ______________________________
Superintendent/Director/Administrator Signature   Date