

## **Continuing Education Units Participation Verification Form**

Dear Close Up Teacher:

To earn Continuing Education Units (CEUs) from the Close Up Foundation, you must attend daily Teacher Program elements and get signatures from the Teacher Program Specialists using the correct Participation Verification Form for your program (see attached forms).

Teacher program elements include:

- Orientations and dinner Sunday night
- Monday morning Teacher Breakfast
- All-day programs on Monday and Tuesday
- All scheduled student-teacher meetings
- Capitol Hill day with your students (high school only)
- All-day program on Thursday for HS teachers (or Wed on Williamsburg weeks)

The TPS at your hotel will verify your participation in the Close Up Foundation Teacher Program at your Teacher Reflection Workshop. Please have your Participation Verification Form filled out with the names of the appropriate tracks/electives before this time.

Close Up typically grants one CEU for every ten contact hours on program. However, different schools and districts often have their own rules concerning how CEUs are accepted. Close Up cannot guarantee that your particular school or district will recognize the professional development offered by our Teacher Program.

## Continuing Education Units Enrollment Form

Please print clearly.

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

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

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

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

What week did you attend Close Up? \_\_\_\_\_

What hotel did you stay in? \_\_\_\_\_

Who was the Teacher Program Specialist for your hotel? \_\_\_\_\_

What course(s) are you teaching this school year? \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

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

Please submit this form, along with your Participation Verification Form and your Close Up Teacher Schedule to pertinent school administration. For any questions or additional documentation, please contact:

MaryBeth Wagner  
Teacher Program Manager  
1330 Braddock Place, Suite 400  
Alexandria, VA 22314  
mwagner@closeup.org  
703-706-3302

**Continuing Education Units Participation Verification Form  
Washington High School Program / Program for New Americans**

NAME: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

Program Component	Contact Hours	TPS Initials
Sunday Dinner and Orientation	1.5 hours	_____
Monday Breakfast and All-Day Elective	9 hours	_____
• _____		
Tuesday All-Day Electives	8 hours	_____
• _____		
Student-Teacher Capitol Hill Prep Meetings	1 hour	_____
All-Day Meetings on Capitol Hill	8 hours	_____
Thursday All-Day Elective	8 hours	_____
• _____		
Teacher Reflection Session	.5 hour	_____
Total Hours =	_____ (36 total possible)	

\_\_\_\_\_  
Teacher Program Specialist Name & Signature

\_\_\_\_\_  
Dates of Completion

Submit this form, along with the Close Up Enrollment Form and your Close Up Teacher Schedule to pertinent school administration. For any questions or additional documentation, please contact MaryBeth Wagner, Teacher Program Manager, at [mwagner@closeup.org](mailto:mwagner@closeup.org) or 703-706-3302.



**Continuing Education Units Participation Verification Form  
Washington Middle School Core Program**

NAME: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

Program Component	Contact Hours	TPS Initials
Sunday Dinner and Orientation	1.5 hours	_____
Monday Breakfast and All-Day Elective	9 hours	_____
• _____		
Tuesday All-Day Electives	8 hours	_____
• _____		
Teacher Reflection Session and Student Send Off	1 hour	_____
National Archives Study Visit with Students	1.5 hours	_____
Smithsonian Exploration with Students	2 hours	_____
• _____		
Total Hours =	_____ (23 total possible)	

\_\_\_\_\_  
Teacher Program Specialist Name & Signature

\_\_\_\_\_  
Dates of Completion

Submit this form, along with the Close Up Enrollment Form and your Close Up Teacher Schedule to pertinent school administration. For any questions or additional documentation, please contact MaryBeth Wagner, Teacher Program Manager, at [mwagner@closeup.org](mailto:mwagner@closeup.org) or 703-706-3302.

**Continuing Education Units Participation Verification Form  
Williamsburg High School Program**

NAME: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

Program Component	Contact Hours	TPS Initials
Sunday Dinner and Orientation	1.5 hours	_____
Monday Breakfast and All-Day Elective	9 hours	_____
Tuesday All-Day Electives	8 hours	_____
Student-Teacher Capitol Hill Prep Meetings	1 hour	_____
All-Day Meetings on Capitol Hill	8 hours	_____
Thursday Williamsburg or Jamestown	8 hours	_____
Teacher Reflection Session	.5 hour	_____
Total Hours =	_____ (36 total possible)	

\_\_\_\_\_  
Teacher Program Specialist Name & Signature

\_\_\_\_\_  
Dates of Completion

Submit this form, along with the Close Up Enrollment Form and your Close Up Teacher Schedule to pertinent school administration. For any questions or additional documentation, please contact MaryBeth Wagner, Teacher Program Manager, at mwagner@closeup.org or 703-706-3302.