

Registration for Access to Training Modules

This form must be returned to Academic Innovations to arrange online access to the training modules associated with the course.

Course Title: IMPLEMENTING & MANAGING MY10YEARPLAN.COM TO MAXIMIZE YOUR RESULTS WITH YOUR SCHOOL-WIDE ADVISORY EFFORTS

Course Number: EDUC 9369D

Number of Units: 1

For detailed information on this course and the list of required online training modules, visit www.careerchoices.com/lounge/profdev_ceu2A.html.

To access the online training modules required to complete the requirements for this course, you must be registered for the *Career Choices* Teachers' Lounge. The Teachers' Lounge was designed for the professional development needs of schools that adopt the *Career Choices* curriculum. The training modules outlined in this course, along with the assessments to validate your completion of the work, are located on this password-protected web site.

Once this form is received, we activate your special account so you can complete the necessary training modules and assessments. Once the necessary modules and corresponding assessments (five multiple-choice questions) are complete, a report can be generated that validates successful completion. This report is to be sent with the other coursework outlined in the **Course Guide and Grading Details** (see the link at the bottom of the web page for this particular course, noted above).

Qualifying for membership in The Teachers' Lounge (www.teachersloungecc.com)

If the participant's school is registered (or qualifies to register) for **The Teachers' Lounge**, there is no additional charge. For registration details, visit www.careerchoices.com/lounge/ceumembership.html

If you are already a member of The Teachers' Lounge or qualify for membership because of a school adoption, **fax this form to (800) 967-4027**.

If you have not yet adopted the **Career Choices** curriculum, contact Academic Innovations directly to discuss other options.

Questions? Call (800) 967-8016 or email support@academicinnovations.com

Participant Information

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Grade Level/Content Area: _____

School: _____

City: _____ State: _____ Zip: _____