



33 Nob Hill Drive • P.O. Box 8003 • Madison, WI 53708-8003  
 1-800-362-8034 • (608) 276-7711 • FAX: (608) 276-8203

**INSTRUCTIONS:** All proposals must be received 30 days prior to the date of program. Complete and return with attachments and processing fee to:  
 WEA Professional Development Academy, Inc.  
 P.O. Box 8003  
 Madison, WI 53708-8003

## APPLICATION FOR ESP PROGRAM APPROVAL

(ONE PROGRAM/WORKSHOP PER SHEET)

PROVIDER	TELEPHONE: Area/No.
ADDRESS: Street, City, State, ZIP	
E-MAIL ADDRESS:	
LOCATION OF PROPOSED PROGRAM/WORKSHOP (City)	DATE(s)
TIME	
I am willing to have this workshop listed in a statewide dissemination system. <input type="checkbox"/> YES <input type="checkbox"/> NO	Attach a copy of workshop program
Official responsible for workshop and providing attendance verification.	Date Signed (Mo./Day/Yr.)
SIGNATURE	TITLE

**PROGRAM CURRICULAR AREA: (CHECK ONLY ONE)**

**CORE:**

- Communication
- Legal/Ethical
- Behavior Management
- Growth/Development/Psychology

**ELECTIVE:**

- Cultural Diversity/Equity
- Instructional Issues
- Medical/Health
- Professional Conference

**OTHER ELECTIVE:**

- Special Needs Students
- Technology
- Workplace Environment
- \_\_\_\_\_  
(Other/Please Specify)

Program/Workshop

Workshop Title		
Number of Hours Requested	Number of Hours Granted	Target Group for Whom Workshop was Developed
Goals and Objectives: Attach additional pages as necessary		

Program Content: Attach an outline or workshop program

Workshop Schedule: Attach additional pages as necessary

Qualifications of Person(s) Conducting the Workshop: Attach a resume, vita, or biographical sketch for each presenter

<b>PDA APPROVAL SIGNATURE</b>	<b>FOR PDA USE ONLY</b> DATE	<b>PDA APPROVAL NUMBER</b>
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