

THIS FORM IS ONLY NEEDED FOR CATEGORY 'G'

**Travel, Work Experience, or Additional Experience  
Pre-Approval Form**

Name \_\_\_\_\_

Date of Request \_\_\_\_\_

Date(s) of Travel \_\_\_\_\_

Destination \_\_\_\_\_

Please provide a brief description of how this experience will enhance your professional growth in your area of licensure:

Upon completion of this activity, verification of the hours of experience or participation must be documented along with the completion of the front of this form.

Recertification Committee Member

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