



NORTH CAROLINA ASSOCIATION FOR PUBLIC CHARTER SCHOOLS

**Continuing Education Unit (CEU) Approval Form**  
**Professional Development Workshop**

Name: Christopher Blase  
Email: blase@horizoncolumbus.org  
Name of School: Horizon Science Academy Middle  
School Address: 2350 Morse Rd  
City: Columbus State: OH Zip: 43229  
Position: Assistant Principal  
Areas of Licensure Held: Administration / School Counseling Expiration Date: 6 2025  
Title of Workshop: **Title IX Training**

Workshop Dates: **January 14, February 11, March 11, and April 22, 2021**

Description of your experience including an evaluation of the workshop's content and delivery.

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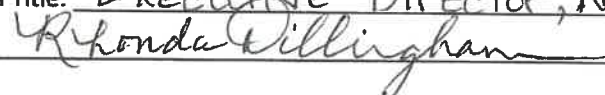
Number of Continuing Education Units Requested: **1.0**

Signature:  Date: 5/24/2021

**Please submit this form to your school administrator. Thank you for attending our workshop!**

**ADMINISTRATOR USE ONLY**

**CONTINUING EDUCATION UNIT AWARD: The educator named above is hereby awarded: 1.0 CEUs.**

Name of Individual Authorized to Grant CEUs: Rhonda Dillingham  
Authorized Grantor Occupational Title: Executive Director, NCAPCS  
Authorized Grantor Signature:   
Date: 5/21/21