

Verification of Participation in a Professional Development Program

This form may be used by vendors and professional development providers to document contact hours for participants. The completed form is to be submitted to the educator's local professional development committee (LPDC) for approval. Do not submit this form to the State Board of Education.

Professional Development Program Information

Title of Program

Name of Sponsoring Organization

Program Location

Program Date

Presenter 1 Name

Presenter's Title

Presenter's Credentials or Employer

Presenter 2 Name

Presenter's Title

Presenter's Credentials or Employer

Presenter 3 Name

Presenter's Title

Presenter's Credentials or Employer

Presenter 4 Name

Presenter's Title

Presenter's Credentials or Employer

Program Goals and Objectives

List specific goals or objectives for participants.

Description of Professional Development Experience

Type of Activity (examples: workshop, conference)

Contact Hours (specify actual hours of engagement)

Participant Role (examples: listening to presenters, participating in individual or group activities, exploring relevant applications of workshop content to local situation, interacting with presenters through Q and A).

Verification of Participation in Program

Completing and signing this form verifies participation in the activity as described. Participants are responsible for providing this information to their local professional development committee in accordance with their local guidelines.

Meeting Facilitator Name (Print)

Participant Name (Print)

Meeting Facilitator Signature

Participant Signature

Date of Signature

Date of Signature