

Ohio Valley Educational Service Center

Certificate of Professional Development Credit
(Professional Development Year: July 1 – June 30)

Name _____ Position _____

District _____ Building _____

Professional Development Activity _____

Sponsor/Presenter _____ Date of Activity _____

Intended Audience: _____

Program Objectives: _____

Reflect on how this activity applies to your assignment and will support your instruction and student achievement. _____

If PD activity is FOR college credit: _____ semester hours _____ quarter hours

If PD activity is NOT FOR college credit: _____ CEU's (1 contact hour = .1 CEU)

Professional's Signature _____ Date _____

For LPDC Use Only: VERIFICATION OF SATISFACTORY COMPLETION

LPDC Chair Signature _____ Date _____

Revisions needed (see highlights) _____ Rejected – reasons for rejection

(Embossed seal)

REQUIRED DOCUMENTS:

- ORIGINAL AGENDA
- ORIGINAL CERTIFICATE/VERIFICATION/AGENDA SIGNED BY PRESENTER
- REPORT CARD OR TRANSCRIPTS