

Ohio Valley Educational Service Center
Professional Development Verification Form (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 _____

REQUIRED DOCUMENTS:

- Original agenda or PowerPoint
- Original certificate/verification/agenda signed by presenter and professional
- Transcripts for college/university courses

For LPDC Use Only: Verification of Satisfactory Completion

___ Revisions needed (see highlights)

___ Rejected

LPDC Chair Signature _____ Date _____