



Center for the Advancement of Jewish Education

## PROFESSIONAL DEVELOPMENT CONFERENCE ATTENDANCE VERIFICATION

To confirm attendance, certificate holder must submit a copy of the attendance sheet or proof of attendance by the course instructor.

Teacher Name \_\_\_\_\_

Teacher School \_\_\_\_\_

Teacher Phone: \_\_\_\_\_ Teacher E-mail: \_\_\_\_\_

Name of Conference \_\_\_\_\_

Sponsoring Organization/ Institution \_\_\_\_\_

Dates of Conference \_\_\_\_\_ Location of Conference: \_\_\_\_\_

Name of Session	Session Date and Length	Instructor Signature

Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**FOR OFFICE USE ONLY:** Date received: \_\_\_\_\_ Approval: Yes No  
Number hours of credit granted: \_\_\_\_\_ Initialed \_\_\_\_\_