



Celebrating 80 Years of Bringing Learning and Leadership to Life

PROFESSIONAL DEVELOPMENT CONFERENCE ATTENDANCE VERIFICATION

To confirm attendance, the 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: _____

FOR OFFICE USE ONLY: Date received: _____ Approval: Yes No

Number hours of credit granted: _____ Initialed _____