APPROVAL OF PROFESSIONAL DEVELOPMENT ACTIVITIES FOR OCCUPATIONAL SPECIALIST CERTIFICATION

Name:	Date:	
Address:	EDUID/D.O.B.:	
College/School:		
List only one activity per form	**Check One**	**Hours or Credits Requested**
College Credit (attach grade report or transcript)		
Paid Work or Clinical Experience		
Workshop, Seminar		
Conference		
Independent Research/Activities Related to Teaching		
Description of Activity: (attach appropriate information/documentation)		
	Completion Date:	

Participant's Signature **Date**	**Local Administrator's Signature** **Date**

THIS PORTION TO BE COMPLETED BY THE STATE DIVISION OF PROFESSIONAL-TECHNICAL EDUCATION		
Check one:	☐ Will apply	☐ Will not apply
Reason declined:		
State Professional - Technical Certification	Date	

Send **all** copies to:

Coordinator, Professional-Technical Teacher Certification
Division of Professional-Technical Education
P.O. Box 83720
Boise, ID 83720-0095

After processing, one copy will be retained in the applicant's file in the State Office and the other will be returned to the applicant.