

APPROVAL OF PROFESSIONAL DEVELOPMENT ACTIVITIES

For Degree Based or Occupational Specialist Certificate Renewal

Name:	EDUID Number:
Home Address:	Home/Cell Phone:
Work Address:	Work Phone:

Directions: You may include information about **more than one activity per form**, but you may not duplicate hours and/or credits. It is expected that you will **attach information/documentation** to support the hours and/or credits you claim. Send **all** copies to certification@cte.idaho.gov, or attach to your renewal application.

Check As Applies	Activity Type	Choose ONE column <u>only</u> per Activity Type	
		Hours	Credit
<input type="checkbox"/>	Program or Professional Development Credit (attach grade report or transcript)		
<input type="checkbox"/>	Paid or Unpaid Work or Clinical Experience		
<input type="checkbox"/>	Workshop, Seminar		
<input type="checkbox"/>	Conference		
<input type="checkbox"/>	Independent Research/Activities Related to Teaching		
Description of Activity(ies):		Completion Date	
Participant's Signature		Local Administrator's Signature	
Date		Date	

This Portion to be Completed by <i>Idaho Division of Career Technical Education</i>	
Circle one:	Will apply Will <u>not</u> apply
Reason declined:	
Director, Idaho Division of Career Technical Certification	Date