



# APPROVAL OF PROFESSIONAL DEVELOPMENT ACTIVITIES FOR OCCUPATIONAL SPECIALIST CERTIFICATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ EDUID: \_\_\_\_\_

College/School: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**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.

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

This Portion To Be Completed By IDAHO CAREER & TECHNICAL EDUCATION	
Circle one:	Will apply      Will <u>not</u> apply
Reason declined:	
Director, Idaho Career & Technical Certification	Date

Send all copies to: Certification  
Idaho Career & Technical Education  
P.O. Box 83720  
Boise, ID 83720-0095

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