

Ohio Professional Development

Verification of Participation for LPDC Approval

Professional Development Program: ***Provide title***

Date and Location: ***Provide information***

Presenter/Facilitator (including title & credentials):

*Presenter 1
Title
Credentials/Employer*

*Presenter 2
Title
Credentials/Employer*

*Presenter 3
Title
Credentials/Employer*

*Presenter 4
Title
Credentials/Employer*

Program/Project Goals and Objectives

Participants will:

- *[state specifically; begin each bullet with a verb]*

Description of Professional Development Experience

Nature of Activity: *Workshop, Course, Series of Workshops, Conference session*

Contact Hours: *Specify actual hours of engagement*

Participant Role: *For example: Listening to presenters, participation in individual and group activities, exploration of relevance and potential applications of workshop content to local situation, interactive dialogue and questions with presenters and/or colleagues.*

This certificate verifies participation in the NAME OF SPONSORING ORGANIZATION activity described above.

Participants are responsible for conveying this information to their Local Professional Development Committee in a manner consistent with their local guidelines.

This form *is not for submission* to the Ohio Department of Education.

Meeting Facilitator (Print)

Participant (Print)

Signature

Signature

Date

Date