

Certification of Continuing Education Credits

I certify that the persons named below have successfully completed a non-college credit inservice program approved by the Watauga Board of Education, Boone, North Carolina as meeting requirements for credit toward renewal of certificates. The approved program and credit involved are as follows:

Title of Course/Workshop _____ Date: _____

Number of HOURS in course: _____	Facilitator CEUs _____ Director Initials _____ (required)
Check one below: Content _____ Tech _____ Literacy _____ Other _____	Name of Facilitator:

Participants Earning Continuing Education Credits-Please write legibly to ensure credit is assigned appropriately

Name	Name