CERTIFIED Staff

Emmett School District Professional Development Credit Log

Date_____

Name:_____

Building Assignment: _____

Date	In-Service Topic and presenter or team leader	Hours	Presenter or Team Leader Initials
	TOTAL HOURS		

I,_____ verify that I have participated in the above professional development activities.

Staff Member Signature: _____ Date: _____

Principal or Supervisor Signature: _____Date: _____