

Hancock County Schools

CERTIFIED PERSONNEL PROFESSIONAL DEVELOPMENT VERIFICATION

Participant's Name: _____ Date: _____ School: _____

Pursuant to KY state law all PD must address an objective or activity in one of the following improvement plans: CDIP, CSIP, IGP, or Suicide Prevention
All PD credit must be approved by your principal prior to attending. **24 hours of PD not including state mandates such as PBIS, BBP & Suicide Prevention.**

Name of Workshop/Training _____ Date(s) of Workshop/Training _____ Location of Workshop/Training _____ Name of Presenter(s) _____ Presenter Signature _____	# of Hours
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I verify that I participated in the above activities as approved by my principal.

TOTAL HOURS

Participant's Signature _____

Principal's Signature _____
