



Frankfort-Schuyler Central School
ATTENDANCE VERIFICATION
PROFESSIONAL DEVELOPMENT CONFERENCE/WORKSHOP

This form will be accepted as documentation of attendance for professional development toward certification requirements. This form is provided for Professional Teacher Certificate and Teacher Assistant Level III holders to document professional development hours (employer-sponsored in-service activities and other organizations' continuing and professional development activities).

This confirms that _____ **SS#** _____
(print name of attendee)

Attended (title of activity):

Completion date: _____

Number of Certification Hours* _____

Professional Development Hours Verified By:

Name of sponsoring organization

Authorized individual's signature**

Mailing address of sponsoring organization

Telephone Number E-Mail Address

District Verification:

Building Principal

Superintendent

*Does not include breaks ** Program Chairperson and/or Presenter