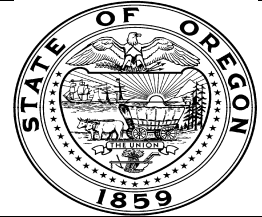




**CERTIFICATE OF PROFESSIONAL
DEVELOPMENT ACTIVITIES**



Date: _____

I, _____ do hereby certify that I have completed the professional development activities indicated on the attached document. I am able to submit acceptable evidence of Professional Development Units (PDUs) upon request, including but not limited to certificates of completion, PDU Verification Form, or official transcripts.

Signature of Licensee

Licensee's Address (Street, City, State, Zip Code)

Phone number of License

Email address of License

Instructions:

- Complete **all** fillable fields and provide e-signature on this certificate
- Complete your PDU Log (page 2)
- Submit both pages together to TSPC in one of two ways:
 - Uploaded to your eLicensing Documents tab or
 - Email to contact.tspc@oregon.gov when you submit the application and fee.

Log of Professional Development Activities

Educator's Name: _____ Account #: _____

Date of Birth (MM/DD)_____ Last 4 SSN _____

Activity Name	Date Completed	# of PDUs

Total Number of PDUs =

Calculating PDUs
 One clock hour = one PDU
 One quarter hour of college credit = 20 PDUs
 One semester hour of college credit = 30 PDUs