Print Form

Mill Creek Community School Corporation

Participant's Official Certificate of Earned Points for Professional Growth Experiences

Participant's Name: _____

Date of Birth: _____

Last 4 Digits of SS#: _____

Time Spent During Professional Development Activity:_____ (i.e. 4 hours)

Nature of Activity: _____ (i.e. Professional Conference)

Date of Professional Growth Experience: _____

Sponsor: _____

_____ _____

Participant's Signature Date

_____ _____

District Administrator Date

***Note to Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.

Mill Creek Community School Corporation