

Name of participant:	Participant's organization (school or local educational agency):
Certificate/Licensure ID Number:	Professional development provider:
Title or nature of activity:	Date and location of activity:
Length of professional development (hours):	
Number of Continuing professional Development (CPD) Credits (only if an MSDE-approved CPD course):	MSDE CPD Number (if applicable):

Professional Development area(s) of emphasis (check all that apply):

- Pedagogy
- Specific content area(s):
- English as a Second Language, Sheltered English, or Bilingual Education
- Strategies for teaching students with disabilities, or differentiated instruction for students with diverse learning needs
- Culturally Responsive Teaching or diverse student identities in education
- Strategies for increasing teacher retention
- Strategies for developing and facilitating teacher leadership
- Other (please specify):

This is to verify that the participant has completed this professional development activity in its entirety.

Signature of Provider

Date

Signature of PD Liaison or Non-Public School Official

Date

- 1) If employed by a local educational agency (LEA), TWO signed copies of this form with the provider's original signature are submitted to the teacher's LEA to be signed by the appropriate representative. One copy to be retained by the LEA and one copy to be given to the participant. Each LEA has a method for processing. Please do not send to MSDE. **PARTICIPANTS SHOULD RETAIN A COPY.**
- 2) If the participant is not employed by a local school system but holds a Maryland certificate, participant should retain the credit form and submit it to MSDE Licensure Office when requesting renewal of his/her license.
- 3) If the educator is employed in a non-public school, educator should deal directly with the MSDE Non-Public Liaison assigned to the school in which employment is held.