

**Jefferson County Educational Service Center
Certificate of Professional Development Credit**

Name _____ SSN# or State ID# _____
Home Address _____
Professional Development Activity _____
Instructor/Facilitator _____
Date(s) _____
Clock Hours _____ Equivalent CEUs _____
Focus of Activity: (Check one)
_____ Context _____ Process _____ Content

(To be completed by the individual/organization conducting the activity)

Program Overview (Attach agenda when applicable):

Program Objectives and Intended Audience:

Opportunities for Participant Follow-up:

Please keep this certificate. The Jefferson County ESC will not be responsible for maintaining participant records.
Verification of Satisfactory Completion

Signature Project Director

Date

(Embossed Seal)

Please complete the participant reflection on the back.