

EDUCATION EFFECTIVENESS DEPARTMENT

Evidence of Participation: This is to certify that the undersigned has completed the activities indicated below.

Directions: This form serves as evidence of completion to verify attendance at a conference, workshop, or other professional development training activity. Providers and approval holders must sign the form where indicated. Approval holders must keep this form for a period of five years and produce it if requested.

NAME (Last, First, Middle, Maiden)	IEIN NUMBER	BIRTHDATE (mm/dd/yyyy)
ADDRESS (Street, City, State, ZIP Code)	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	EMAIL
	HOME TELEPHONE (Include Area Code)	WORK TELEPHONE (Include Area Code)

Evidence of Completion:

Approval type: ☐ Sign Language Interpreter ☐ Cued Speech Interpreter ☐ Intervener for Students Who are Deaf-Blind

I. Provide proof of attendance for any activity completed or complete the following section. I have completed the following activities.
 (Attach additional pages as needed.):

DESCRIPTION OF ACTIVITY	WHERE PROVIDED (CITY & STATE)	DURATION (HRS.)	NAME OF PROVIDER	SIGNATURE OF PROVIDER

II. I have completed the following college coursework and attached the following documentation:

☐ Original Grade Report ☐ Official Transcript

COLLEGE	COURSE TITLE	SEMESTER HOURS

Signature of Applicant

Date