

## *Verification of Participation (Workshop/Conference)*

*Please note that this form should be returned to your immediate supervisor within ten days of the completion of the workshop/conference. Once approved, a copy will be returned to you and should be put in your school's recertification file.*

Name: School:
Name of workshop/conference:
Location:
Date(s):
Total number of hours:

I have participated in this workshop/conference.

\_\_\_\_\_

\_\_\_\_\_

*Signature*

*Date*

<b>For office use</b>	
Points awarded _____	Option # _____
Approved by _____	Date ___