

**Carrollton Exempted Village School District
Ohio Professional Development
Verification of Participation**

Professional Development Program: _____
(Program Title)

Date and Location: _____

Description of Professional Development Experience

Nature of Activity: *Workshop* *Course* *Series of Workshops* *Conference Session*
Other _____ *Other* _____ *Other* _____

Contact Hours: _____

Participant Role: *For example: Listening to presenters, participation in individual and group activities, exploration of relevance and potential applications of workshop content to local situation, interactive dialogue and questions with presenters and/or colleagues.*

This certificate verifies participation in the Carrollton Exempted Village School District’s activity as described above. Participants are responsible for conveying this information to the Carrollton Local Professional Development Committee (CPDC) in a manner consistent with the guidelines as described and available on the CPDC website.

Meeting Facilitator (Print)

Participant (Print)

Participant (Signature)

Supervisor (Signature)

Date