

CERTIFICATE OF COMPLETION

THIS CERTIFICATE IS AWARDED TO

(NAME OF PARTICIPANT)

FOR ATTENDING

(NAME OF IN-SERVICE / WORKSHOP)

DATE(S) OF WORKSHOP

NUMBER OF MEAPS
AWARDED

FACILITATOR'S SIGNATURE

DATE



MPDC WORKSHOP/IN-SERVICE INFORMATION

NAME: _____

ACTIVITY TITLE: _____

PROVIDER: _____

ACTIVITY TYPE: _____

ESTIMATED CREDIT: _____ MEAPs

START DATE: _____ FINISH DATE: _____

TIMES: _____

HOW TO OBTAIN MEAP CREDIT

- ◆ **SUBMIT WORKSHOP/IN-SERVICE INFORMATION ONLINE TO MPDC FOR APPROVAL PRIOR TO COMPLETION OF WORKSHOP/IN-SERVICE**
- ◆ **COMPLETE CERTIFICATE AND ASK FACILITATOR TO SIGN, DATE, AND INCLUDE NUMBER OF MEAPs AWARDED (FULL-DAY TRAINING EQUALS 6 MEAPs; HALF-DAY TRAINING EQUALS 3 MEAPs)**
- ◆ **SEND COMPLETED AND SIGNED CERTIFICATE TO MEGAN GRAVENS, HUMAN RESOURCES DEPARTMENT (ADMINISTRATION BUILDING)**
- ◆ **TEACHER TRANSCRIPT FILES WILL BE UPDATED TO INCLUDE EARNED MEAP CREDIT. (PLEASE REFER TO MTA CONTRACT FOR DETAILS REGARDING HOW MEAPs ARE CONVERTED TO CREDIT HOURS)**