

VERIFICATION OF COMPLETION OF EQUIVALENT INSERVICE TRAINING

State Department of Education
Bureau of Certification/Professional Standards and Adult Services
PO Box 83720
Boise, ID 83720-0027

Any inservice credit, whether offered by a school district or another agency, **must** receive written approval from the Superintendent or the Professional Development chairperson of the employing school district.

This verification form must be filed by the applicant with the Bureau of Certification/Professional Standards and Adult Services in the State Department of Education if renewal credit is desired. This form should accompany the application for certificate renewal, but verification may be filed upon completion of the professional development activity.

The following individual has successfully completed a professional development activity and is entitled to equivalency credit. (NOTE: 15 clock hours = 1 inservice credit. A maximum of three (3) inservice credits may be applied toward the renewal of an individual's certificate.) Partial credit **is not** applicable. Equivalent inservice credit can only be used for renewal of a clear Idaho credential. It cannot be used toward the recent credit requirement for initial certification or reinstatement.

FULL NAME: _____ S.S. #: _____
Last First M.I.

HOME ADDRESS: _____
Street/P.O. Box City State Zip

SCHOOL DISTRICT/AGENCY CONDUCTING INSERVICE: _____

CONTACT PERSON: _____ PHONE NO: _____

DESCRIPTION/TITLE OF INSERVICE (Use a Separate Sheet if Necessary.)

INCLUSIVE DATES (Month, Day(s), Year): _____

TOTAL CLOCK HOURS OF INSTRUCTION RECEIVED: _____

Signature - Superintendent

Date

OR

Signature - Professional Development Chair

Date

NOTE: Signatures denote approval