

VERIFICATION OF COMPLETION OF EQUIVALENT IN-SERVICE

Any in-service 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.

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