Ongoing Professional Development Documentation Form
(Required for all except Service Coordinators and Parent Liaisons)

A signature from a specialist-level provider is required for each monthly meeting.

Must be completed and submitted to Provider Connections when moving from temporary to full and with credential renewal applications.

This form is required to document Ongoing Professional Development. Substitute forms will not be accepted. Duplicate this form as needed. A copy of this form must be forwarded to Provider Connections when moving from temporary to full and with credential renewal materials documenting ongoing professional development activities for the respective months of the credentialing period.

Provider Name_____ **Year** _____
(indicate 1, 2, or 3)

Credential # _____

Date of Meeting	**Location**	**Signature of Credentialed Peer and Peer's Credential #**