

Summary of Professional Development Activities and Hours

Name: _____

License # _____

Date	Title of Activity		
Sponsoring Organization (name & address)		Description of Activities / Topics Covered	
Instructor(s) Name(s)			
PD Hours Earned		Certificate of Completion (Y / N)	

Date	Title of Activity		
Sponsoring Organization (name & address)		Description of Activities / Topics Covered	
Instructor(s) Name(s)			
PD Hours Earned		Certificate of Completion (Y / N)	

Date	Title of Activity		
Sponsoring Organization (name & address)		Description of Activities / Topics Covered	
Instructor(s) Name(s)			
PD Hours Earned		Certificate of Completion (Y / N)	

Date	Title of Activity		
Sponsoring Organization (name & address)		Description of Activities / Topics Covered	
Instructor(s) Name(s)			
PD Hours Earned		Certificate of Completion (Y / N)	

I certify that the information listed above is accurate and correctly identifies the professional development hours I have earned.

Signed

Date