

Michigan Department of Education
 OFFICE OF PROFESSIONAL PREPARATION SERVICES
 P. O. Box 30008, Lansing MI 48909

DISTRICT PROVIDED PROFESSIONAL DEVELOPMENT RECORD FOR CERTIFICATE RENEWAL

INSTRUCTIONS: This form must be completed by the individual requesting renewal credits for professional development **provided by** their school district. **These professional development hours can only be used to renew Professional Education Certificates and Occupational Education Certificates. To receive credit for the district provided professional development (Sec. 380.1527) hours, this form must signed by your Principal or District Designee.**

Name Of Teacher: _____ Teacher PIC* or SSN: _____

Email: _____ Phone: _____

You **must** include contact information to receive notification from Michigan Department of Education to complete the process.

School Year: 20____ - 20____ (One School Year per form - duplicate as necessary)

Name Of School District Where Employed: _____

Name Of School Where Assigned: _____

DATE(S)	DISTRICT PROVIDED PROFESSIONAL DEVELOPMENT ACTIVITY	NUMBER OF HOURS ENGAGED

Did this teacher complete all 5 days offered by the district for the listed school year? Yes / No

Principal/Designee Initials _____

SIGNATURE OF PRINCIPAL/DISTRICT DESIGNEE: _____ TITLE _____

SIGNATURE OF TEACHER _____ DATE _____

*Personal Identification Code (PIC) can be obtained by logging in to the Michigan Online Educator Certification System (www.michigan.gov/moecs) and clicking on "Manage Demographics"