



*“Building a
Foundation for
Lifelong
Learning”*

CECIL COUNTY PUBLIC SCHOOLS

DEPARTMENT OF HUMAN RESOURCES
GEORGE WASHINGTON CARVER EDUCATION LEADERSHIP CENTER
201 Booth Street • Elkton, MD 21921

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The purpose of this form is to track activities used for equivalent credit on the Professional Development Plan (PDP). Each activity should be approved by the appropriate administrator after completion. The form(s) along with the PDP should then be presented by the educator (renewing his or her certificate) for approval by the Next in Line Administrator.

CREDIT VERIFICATION FORM

Name _____ Employee ID # _____

Certificate Validity Period _____

ACTIVITIES COMPLETED

(The employee is responsible for completing the equivalent of six credits during the validity dates of the certificate to support the PDP. As activities are completed and credits are earned, the employee adds information in this section.)

Course/Workshop/Seminar or Other Experience	Location	Date month/yr	Credit	Approval Prin/Supvr Initials

Please keep this form to share with your next- in-line administrator. After your PDP is signed you should keep this form along with your copy of the PDP for your records.