

**VERIFICATION OF COMPLETION
OF IDAHO SCHOOL DISTRICT/CHARTER APPROVED IN-SERVICE**
Idaho State Department of Education

This form is only valid if it has been signed by the appropriate superintendent or designee at an **Idaho** school district or equivalent authority at an Idaho private school.

The following individual has successfully completed a professional development activity and is entitled to equivalency credit. (NOTE: 15 clock hours = 1 in-service credit. A maximum of three (3) in-service credits may be applied toward the renewal of an individual's certificate.) Partial credit **is not** applicable.

FULL LEGAL NAME:**DOB:**

Last

First

M.I.

EDUID # (if known) _____**HOME ADDRESS:**

Street/PO Box

City

State

Zip

TITLE OF INSERVICE: _____**DATE(S) OF INSERVICE:** _____**BRIEF DESCRIPTION** (Use separate sheet if necessary):
_____**TOTAL CLOCK HOURS OF INSTRUCTION RECEIVED:** 15 HOURS 30 HOURS 45 HOURS OTHER: __________
**Signature of Superintendent/Charter Administrator
or Professional Development Chair**_____
Date_____
Name of Idaho School District/Charter_____
Phone Number/Email Address