 402.15 AP – Exhibit 1 (Dec 2023)

**Support Staff Record of Professional Development**

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| --- | --- |
| **Name:** |  |
| **School/Location:** |  |
| **Job Classification** |  |

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| Date | Name of Session/  Workshop/Seminar | Location | Hours | Description of Learning | Certificate Attached  Y or N | Principal  Signature  (if no Certificate is available) |
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|  |  | **TOTAL** |  |  |  |  |

I am attaching post-secondary transcripts to be considered in combination with the above identified training. I believe \_\_\_\_\_\_ credit units would match.

***I hereby certify that the above information given are true and correct as to the best of my knowledge.***

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_