

TEACHER VERIFICATION FORM FOR RELICENSING

(to be used when a certificate of participation is not available)

Name _____ Date _____

Address _____

Phone _____ Building _____

Brief description of activity: (workshops, in-service development, travel, volunteer work, guest teaching, guest speaking, etc.)

Date _____

Hours of Involvement _____

Number of Clock Hours Requested _____

Authorized Signature _____

Position _____