



# Illinois State Board of Education

100 North First Street, E-240  
Springfield, Illinois 62777-0001

## EVIDENCE OF COMPLETION FOR PROFESSIONAL DEVELOPMENT

### EDUCATOR EFFECTIVENESS DIVISION

This is to certify that the undersigned has completed the professional development activity described herein and that the provider is approved by the State Superintendent of Education at the time of completion. This form serves as evidence to verify participation in this professional development activity and must be maintained for a period of six (6) years by the licensee and produced if requested as part of an audit.

**IMPORTANT: THE LICENSEE MUST ENTER THE ACTIVITY INTO THE EDUCATOR LICENSURE INFORMATION SYSTEM (ELIS) BY AUGUST 31 OF THE LICENSE RENEWAL YEAR. LICENSEES RETAIN THIS FORM FOR SIX (6) YEARS FOR AUDITING PURPOSES. DO NOT SUBMIT THE FORM TO ISBE UNLESS REQUESTED BY ISBE.**

NAME OF PARTICIPANT (Last, First, Middle Initial)	IEIN
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TITLE OF PROFESSIONAL DEVELOPMENT

DATE(S) OF ACTIVITY

NAME OF APPROVED PROVIDER	REGION, COUNTY, DISTRICT, TYPE (RCDT) CODE (form is invalid without an Illinois State-approved provider RCDT code)
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NAME OF THIRD-PARTY PRESENTER/ORGANIZATION AUTHORIZED BY THE ILLINOIS STATE-APPROVED PROVIDER ABOVE)

NUMBER OF PROFESSIONAL DEVELOPMENT HOURS AWARDED

\_\_\_\_\_  
Signature of Approved Provider's Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date