

Professional Development Activity Approval/Verification Form

Name: _____ Date: _____ School: _____

I. Initial Approval – Submit to LSB Building Representative PRIOR to Activity

1. Please check the **one** activity for which you are requesting relicensing credit.

- Graduate Course Travel Experience Independent Study
 Workshop/Conference Curriculum Development Mentoring Project
 Committee Work Undergraduate Course Other (Describe below)

2. Name/Title of Activity: _____

3. Activity Description: _____

4. Institution: _____

5. Academic Credits Requested: _____ (and/or) Clock Hours Requested: _____

6. Applicable Endorsements: _____

7. Starting Date: _____ Ending Date: _____

8. In relation to your PGP, which of the following standards does the activity address?

- Learner & Learning Content Instructional Practices
 Professional Responsibility

9. Submit a **Reimbursement Request** form or Advanced Payment Application, if applicable.

Prior Approval: _____ Date: _____ Credits: _____

L.S.B. Representative Signature

II. Final Approval – VERIFICATION

1. Submit **documentation** for activity completion.
2. Submit **proof of payment** for reimbursement, if applicable

Final Approval: _____ Date: _____ Credits: _____

L.S.B. Representative Signature