



Southwest Allen County Schools  
4824 Homestead Road  
Fort Wayne, IN 46814

### Participant's Official Certificate of Professional Development Activity

**Date:** \_\_\_\_\_ **Sponsor of Activity:** Southwest Allen County Schools  
**Participant's Name:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_ **Last 4 Digits of Social Security Number:** \_\_\_\_\_

Date: _____ Activity Title: _____ Area of Professional Development: _____ Session Began at: _____ Session Ended at: _____
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**Total No. of Professional Development Contact Hours:** \_\_\_\_\_

**Participant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Building Principal's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Participant:**

- Retain a copy of this certificate for your files.
- Obtain signature by your building Principal in order to be valid.
- Attach this activity form to the Professional Growth Plan Experience Log.
- Provide person responsible for local verification (principal) with experience log and certificate of professional development activity.
- Principal or local verifier will complete Educator's Background Information form and provide to participant.
- Submit completed Educator's Background Information form and other application materials with payment to IDOE for license renewal.