FORM A

Oconee County Schools

Professional Learning
Conference Attendance Verification Form

Use this form to apply for PLU credit for conference/workshop attendance during a school year.

NAME: _____ SCHOOL: _____

GRADE / SUBJECT: _____ SS # or EMP. I.D. #: _____

PLU'S REQUESTED: _____ POSITION _____

Please check all areas this professional learning workshop or conference addresses:

_____ Required Training _____ Field of Certification _____ School/District Improvement Plan

_____ Annual Personnel Evaluation _____ State/Federal Requirements

On the back of this form, list the date(s) and title(s) for conference(s) and workshop(s) attended during the school year. Indicate the number of contact hours spent in sessions. Attach a copy of conference/workshop program(s) or agenda(s) indicating sessions attended--times must be indicated on the form, along with the instructor(s) signature. Certificates of attendance that indicate the number of contact hours may be used instead of a conference program. Have your professional learning coordinator or principal sign off on each course.

****Registration forms cannot be used as verification of course completion****

****Do not forward this to the System Professional Learning Coordinator until you have at least 10 hours.****

Please transfer hours from back of this page to the space below.

Total Number of Contact Hours _____

I certify that the information presented above is an accurate reflection of my participation in these professional learning activities. _____

(Participant's signature)

----------*FOR PROFESSIONAL LEARNING CENTRAL OFFICE USE ONLY*----------

Approved for PLU credit: ☐ All items listed

☐ Selected items listed

☐ Other _____

Number of PLU's Granted: _____

_____ _____

System Professional Learning Coordinator Date

Implemented August 2012

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Sys-tem Appr oval	Date(s)	Title of Conference or Workshop (Please attach verification sheets in the same order as listed below)	Contact Hours	School Based Professional Learning Coord/ Principal sign-off
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