

**Continuing Professional Development
Individual Record**

Directions: This form is provided for use by individuals holding either a Professional certificate or a Teaching Assistant Level III certificate. This purpose is to assist you in maintaining a record of professional development activities you complete in accordance with certification requirements.

1. Document activities in the table below. Self-reporting is required only for those years in which you are not employed by a public school district 90 days or more.
2. Keep registration forms, and/or other documentation with this record. Documentation must be retained for seven years.
3. DO NOT submit this form to the Office of Teaching Initiatives. On-line reporting will become available soon through the Office of Teaching Initiatives Web site, which will allow you to report electronically the information recorded on this form.

Name:						
Certificate Title:						
Five-Year Professional Development Period:						
July 1, 200 ____ through June 30, 200 ____		Employed by a public school district 90+ days?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
July 1, 200 ____ through June 30, 200 ____		Employed by a public school district 90+ days?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
July 1, 200 ____ through June 30, 200 ____		Employed by a public school district 90+ days?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
July 1, 200 ____ through June 30, 200 ____		Employed by a public school district 90+ days?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
(If you answered Yes for any year, do not use this form for activities completed that year. The district will report on your behalf.)						
Title of Program	Program Sponsor	Sponsor Category*	Date(s)	Location	Content/Pedagogy Area	Clock Hours

* Sponsor Categories: 1 = Public school district, 2 = Nonpublic school, 3 = BOCES, 4 = Teacher Center, 5 = SETRC, 6 = College/University

DO NOT SUBMIT THIS FORM. PLEASE KEEP FOR YOUR OWN RECORDS.