

ESSEX COUNTY VOCATIONAL TECHNICAL SCHOOLS

*PROFESSIONAL DEVELOPMENT DOCUMENTATION*

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| Educator’s Name: | |  | | | | | | | |
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|  | | |  | | | |  | |  |
| Title of Professional Development (PD) Activity: | | | | | |  | | | |
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|  | | |  | | | |  | |  |
| Description of PD Activity: | | | |  | | | | | |
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|  | | |  | | | |  | |  |
| Date: |  | | | | | | Location: |  | |
|  | | |  | | | |  | |  |
| Presenter(s)/Facilitators(s): | | | |  | | | | | |
|  | | |  | | | |  | |  |
|  | | |  | | | |  | |  |
| Number of Professional Development Hours: | | | | | Hour(s) | | | | |
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| **I certify that the above named educator accrued the indicated number of Professional Development hours.** | | | | | | | | | |
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|  | | |  | | | | ***(Signature of Presenter/Provider of Record)*** | | |