

ESSEX COUNTY VOCATIONAL TECHNICAL SCHOOLS

*PROFESSIONAL DEVELOPMENT DOCUMENTATION*

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