



Local Professional Development Committee Verification for Participation for LPDC Approval

MVESC IRN# 014095

Professional Development Program: *(please enter title)* _____

Date: _____ **Location:** _____

Presenter/Facilitator: *(please include title & credentials)*

Presenter 1: _____ Presenter 2: _____

Title: _____ Title: _____

Credentials/Employer: _____ Credentials/Employer: _____

Presenter 3: _____ Presenter 4: _____

Title: _____ Title: _____

Credentials/Employer: _____ Credentials/Employer: _____

Program/Project Goals and Objectives:

Participant will: *(state specifically; begin each bullet with a verb)*

Description of Professional Development Experience:

Nature of Activity: *(Workshop, Course, Series of Workshops, conference session etc)*

Contact Hours: *(Specify actual hours of engagement)* _____

Participant Role: *(For example: Listening to presenters, participation in individual and group activities, exploration of relevance and potential applications of workshop content to local situation, interactive dialogue and questions with presenters and/or colleagues.)*

This certificate verifies participation in the afore mentioned activity described above. Participants are responsible for conveying this information to their Local Professional Development Committee in a manner consistent with their local guidelines.

Participant *(Print)*

Facilitator or Supervisor *(Print)*

Signature

Signature

Date

Date