

Paraprofessional Professional Development Training Credit

Inservice Credit Form



Participant Information

| | |
|---------------|-------------|
| Name: | Work Phone: |
| Home Address: | Home Phone: |

Inservice Provider

| | |
|--------------------------|------------------------|
| Course Title | Date(s) of Inservice |
| Name of Instructor | Number of hours earned |
| Sponsoring Provider Name | |

Affidavit – Participant

I, _____, swear/affirm that I earned hours for actual attendance at this inservice.

Signature of Participant

Date

Inservice Provider - Verification

When signed by the approved inservice provider, this form serves as a transcript or letter of documentation that the participant fully attended and fulfilled the obligation of this inservice.

Signature of Inservice Provider or Designee

Date