



ACTIVITY DOCUMENTATION FORM

Member ID# _____

National Association of School Psychologists
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INSTRUCTIONS: This form is used to document CPD activities as outlined in the *Summary of CPD Credit Allowances and Ceilings* table. A separate form must be used for each activity without documentation.

Name _____ Certification # _____

Preferred Phone _____ E-mail _____

Title of Activity _____

Date(s) of Activity _____ Sponsor _____

Description of Activity _____

Type of Activity _____

Actual Number of Clock Hours of Participation _____

CPD Credits Earned (See *Summary of CPD Credit Allowances and Ceilings* table) _____

Supervisor Signature (if required) _____

I affirm that this activity merits CPD credit in that it meets the following criteria:

1. This activity enhanced my professional skills and/or added to my knowledge base.
2. This activity was relevant to the professional practice of school psychology.
3. This activity is within my personal plan for continuing professional development.
4. This activity exceeded the ordinary aspects of my employment.

The activities reported on this form reflect actual activities in which I participated. I understand that falsification of this information is an ethical violation and may result in my being ineligible for future certification, and/or legal actions may be taken against me.

Signature _____ Date _____

Reproduce This Form as Needed and Retain for Your Records