ACTIVITY DOCUMENTATION FORM

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