

Clinton City Schools CERTIFICATION OF CREDIT

Submission of this form indicates successful completion of an in-service program approved by a local, state, or national Staff Development Division. This activity meets the credit requirements for 1.0 CEU (**10 hours or more**) as set forth by the State Department of Public Instruction, Raleigh, NC toward license renewal (**ATTACH DOCUMENTATION AND PRIOR APPROVAL FORM**). The approved program and credit involved are as follows:

(Incomplete forms will be returned without processing).

Participant Name	
Social Security Number	
Workshop Title	
Source of Activity	
Date(s) of Activity	
NC Professional Teaching Standard Addressed	Standard I _____ II _____ III _____ IV _____ V _____
Number of Units of Credit (10 hours = 1 CEU)	Hours: _____ CEU's: _____
Participant Signature	Date: _____
Principal/Designee Signature	Date: _____
For Central Services Completion:	
Central Services Approval	
Date	
Technology Credit	(Check one): _____ Yes _____ No
Reading Credit	(Check one): _____ Yes _____ No
Academic Credit	(Check one): _____ Yes _____ No
Principal's Credit (Administrators Only)	(Check one): _____ Yes _____ No

_____ CEUs entered and form returned to teacher.
Date/Initials