

**School Year \_\_\_\_\_**  
**Clinton City Schools**  
**Cumulative Professional Development**  
**Certification of Credit**

The person named below has successfully completed a non-college credit in-service program approved by the Division of Professional Development, SDPI, Raleigh, NC, as meeting the State requirements for credit (**Less than 10 Hours**) toward license renewal. The approved program and credit involved are as follows:

Participant Name: \_\_\_\_\_ School/Position: \_\_\_\_\_ SS#: \_\_\_\_\_

Workshop Title	Presenter	Date	Elapsed Time	Technology Credit	Reading Credit	Academic Credit	Other	Principal Credit

