FORM B7

VERIFICATION OF COMPLETION OF EQUIVALENT IN-SERVICE

Any in-service credit, whether offered by a school district or another agency, **must** receive written approval from the superintendent or the professional development chairperson of the employing school district.

The following individual has successfully completed a professional development activity and is entitled to equivalency credit. (NOTE: 15 clock hours = 1 inservice credit. A maximum of three (3) inservice credits may be applied toward the renewal of an individual's certificate.) Partial credit **is not** applicable. Equivalent inservice credit can only be used for renewal of a clear Idaho credential. It cannot be used toward the recent credit requirement for initial certification or reinstatement.

FULL NAME: _____ S.S. #: _____

Last First M.I.

HOME ADDRESS: _____

Street/P.O. Box City State Zip

SCHOOL DISTRICT/AGENCY CONDUCTING INSERVICE:
Idaho Division of Professional-Technical Education; Idaho Career Information System; Office of the State Board of Education; College of Western Idaho

CONTACT PERSON: Kristi Enger, Career Guidance Coordinator

PHONE NO: 208-429-5500

DESCRIPTION/TITLE OF INSERVICE (Use a Separate Sheet if Necessary.)
Fall Career Development Workshop— Training with regard to multiple career development education resources and labor data for use with students; Hands-on training on eCIS and CISjunior, as well as a look at new additions to both products.

INCLUSIVE DATES (Month, Day(s),Year): September 26, 2013

TOTAL CLOCK HOURS OF INSTRUCTION RECEIVED: 6.0 (six)

_____ _____
Signature – Superintendent Date

OR

_____ _____
Signature - Professional Development Chair Date

Revised 6-08

NOTE: Signatures denote approval