APPROVAL OF PROFESSIONAL DEVELOPMENT ACTIVITIES FOR OCCUPATIONAL SPECIALIST CERTIFICATION

Name:	Date: October 1, 2014	
Address:	Social Security #:	
College/School:		
List only one activity per form	**Check One**	**Hours or Credits Requested**
College Credit (attach grade report or transcript)		
Paid Work or Clinical Experience		
Workshop, Seminar	X	6.0
Conference		
Independent Research/Activities Related to Teaching		
Description of Activity: (attach appropriate information/documentation)		
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.		
	Completion Date: October 1, 2014	
Participant's Signature Date	**Local Administrator's Signature Date**	

THIS PORTION TO BE COMPLETED BY THE STATE DIVISION OF PROFESSIONAL-TECHNICAL EDUCATION
Check one: ☐ Will apply ☐ Will not apply
Reason declined:
State Professional - Technical Certification Date

Send **three** copies to: Coordinator, Career Guidance and Transition
Division of Professional-Technical Education
P.O. Box 83720
Boise, ID 83720-0095

After processing, one copy **shall** be retained in the applicant's file in the State Office. The other two copies **shall** be returned, one for the local administrator and the other for the participant.

Revised 9-06