

**Ohio Professional Development
Crestwood Local School District**

Verification of Participation

Professional Development Program:

Provide Title

Date and Location:

Presenter/Facilitator

Program/Project Goals and Objectives

Description of Professional Development Experience

Nature of Activity:

Contact Hours:

Participant Role:

This certificate verifies participation in the NAME OF THE SPONSORING ORGANIZATION activity described above. Participants are responsible for conveying this information to their Local Professional Development Committee in a manner consistent with their local guidelines.

Meeting Facilitator (Print)

Participant (Print)

Signature

Date

Signature

Date