

**PROFESSIONAL STAFF DEVELOPMENT
INSERVICE CREDIT APPLICATION**

Please complete and return the following information to the Superintendent of Schools when applying for prior approval of inservice credit consideration.

Note: This form must be submitted and approved prior to the start of the professional development activity.

Name _____

Current Teaching Assignment/School _____

Name of Learning Experience _____

Name of Facilitator, Professional Organization or NYS Accredited Institution providing this experience _____

(Note: NCTRC offerings do not require an application.)

Brief Description of Learning Experience *(Include the purpose, objective or focus of the experience, NYS Standards alignment, expected Professional development outcomes)*

Date(s) of Experience _____

Proposed Contact Hours (15 hrs. = 1 credit) ____

I understand that the awarding of inservice credit is in lieu of any payment for participation (registration fees, use of substitute, etc.) and for work outside of the school day.

Signature of Applicant _____ Date _____

Signature of Principal _____ Date _____

Signature of Director of Curriculum _____ Date _____

-----**FOR SUPERINTENDENT'S OFFICE USE ONLY**-----

_____ Approved _____ Not Approved Date _____

Signature of Superintendent _____

Copy to: Personnel File and Staff Member

Adoption date: March 23, 2006

Revised: January 2016

**PROFESSIONAL STAFF DEVELOPMENT
INSERVICE CREDIT SUMMARY**

In order for inservice credit, within sixty (60) business days of completion of the pre-approved learning experience for inservice credit, this form must be completed and returned along with a copy of the approved Inservice Credit Application to the Superintendent of Schools. Submissions later than sixty (60) days will not be processed, except for extenuating circumstances. This will take into effect June 30, 2021.

Name _____

Current Teaching Assignment/School _____

Name of Learning Experience _____

Date(s) of Experience _____

Description of Learning Experience *(Include Professional Development outcomes, Reflections on application to professional responsibilities, Self-evaluation/assessment of involvement in the experience.)*

Contact Hours Completed (15 hrs. = 1 credit)

I certify that I understand that the awarding of inservice credit is in lieu of any payment for participation (registration fees, use of substitute, etc.) and for work outside of the school day.

Signature of Applicant _____ Date _____

Signature of Principal _____ Date _____

Signature of Director of Curriculum _____ Date _____

-----**FOR SUPERINTENDENT'S OFFICE USE ONLY**-----

Awarding of Inservice Credit

Inservice Credit(s) Granted _____ (15 hrs. = 1 credit)

Superintendent of Schools _____ Date _____

Copy to: Personnel File and Staff Member

Adoption date: March 23, 2006

Revised: January 2016

Revised: October 21, 2021



CERTIFICATE OF COMPLETION FORM INSERVICE CREDIT ACTIVITY

Participant's Name	
Participant's School	
Course Completed	
Date(s)	
# of Contact Hours Completed	
Course Location	
Attendance (percentage)	
Assignments Completed (yes or no)	

Course Instructor (signature)

Building Principal (signature)

Date

Date