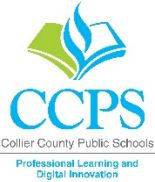


Click on the shaded areas to enter text into the form below

PrintForm



VERIFICATION FOR MIP POINTS FOR PROFESSIONAL CONFERENCE/WEBINAR

Name: _____ Employee ID: _____

Work Site: _____ Teaching Assignment: _____

Conference Title of Conference/Webinar: _____
 Webinar

Conf. Beginning Date: (Mo/Day/Yr) _____ Conf. Ending Date: (Mo/Day/Yr) _____ MIP Hours:

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Relate overview of content learned at conference and how you will share with colleagues. Attach supporting documentation that includes date, time/hour(s), and sessions highlighted. Appropriate documentation may include agenda/program and certification of completion.

Participant's Signature: _____ Date: _____

THE FOLLOWING INFORMATION SHOULD ONLY BE FILLED OUT BY THE SUPERVISOR
 I verify this activity will benefit the school/program and will approve the leave.

Supervisor's Signature: _____ Date: _____

For Professional Learning Office Use

MIP Points:

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 Date: _____ Comp #: _____

Seq #: _____

Professional Learning Signature: _____ Ses #: _____