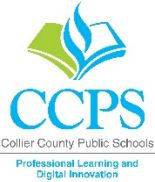


Click on the shaded areas to enter text into the form below

Print Form



# 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 and time/hour(s). 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 #: \_\_\_\_\_

Coordinator, Professional Learning Signature: \_\_\_\_\_      Seq #: \_\_\_\_\_      Ses #: \_\_\_\_\_