



MN Association of
Charter Schools

MACS RELICENSURE COMMITTEE

PROFESSIONAL DEVELOPMENT VERIFICATION FORM

This form may be used by Executive Directors to document professional development experiences that their staff members have participated in for which CEUs are not available. An explanation is required, and approval of the professional development reported on this form is subject to MACS Relicensure Committee approval.

PROFESSIONAL DEVELOPMENT EXPERIENCE INFORMATION			
APPLICANT NAME:		FILE FOLDER #:	
ACTIVITY TITLE:			
ACTIVITY DATE:		CLOCK HOURS REQUESTED:	
ACTIVITY MET REQUIREMENTS FOR:	<input type="checkbox"/> English Language Learners <input type="checkbox"/> Positive Behavior Interventions <input type="checkbox"/> Mental Health <input type="checkbox"/> Suicide Prevention <input type="checkbox"/> Reading <input type="checkbox"/> Accommodations, Modifications, or Adaptations of Curriculum <input type="checkbox"/> Cultural Competency <input type="checkbox"/> Other		
PLEASE EXPLAIN WHY YOU DO NOT HAVE A CEU FOR THIS PROFESSIONAL DEVELOPMENT EXPERIENCE:			

THE SECTION BELOW IS TO BE COMPLETED BY THE APPLICANT'S EXECUTIVE DIRECTOR

"I verify that the above information is accurate and that the applicant completing this form participated in the professional development described above."

PRINT NAME: _____

SCHOOL NAME: _____

PHONE #: _____

SIGNATURE: _____

Note: If completing this form electronically, please enter your full legal name.



Minnesota Association of Charter Schools
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