

***Jefferson County Educational Service Center  
Certificate of Professional Development Credit***

Name: \_\_\_\_\_ District: \_\_\_\_\_

Professional Development Activity: \_\_\_\_\_

Instructor / Facilitator: \_\_\_\_\_

Activity Date(s) or Timeline: \_\_\_\_\_

Clock Hours: \_\_\_\_\_ Equivalent CEU's: \_\_\_\_\_

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***Program Overview***

***Program Objectives and Intended Audience***

***Opportunities for Participant Follow-Up***

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**Please Keep this Certificate.** (Verification of Satisfactory Completion)

Signature Project Director: \_\_\_\_\_ Date: \_\_\_\_\_

\* (Embossed Seal)