

**JEFFERSON COUNTY EDUCATIONAL SERVICE CENTER CONSORTIUM  
LOCAL PROFESSIONAL DEVELOPMENT PLAN**

**EQUIVALENT OTHER ACTIVITY (EOA) DOCUMENTATION VOUCHER  
Treasurers**

Name \_\_\_\_\_

EOA Option \_\_\_\_\_ Number of CEUs \_\_\_\_\_

Please indicate the area of concentration related to this EOA.

**Competency 1** ~ Financial Management

**Competency 2** ~ Fund Accounting

**Competency 3** ~ Financial Reporting

**Competency 4** ~ Purchasing and Business Functions

**Competency 5** ~ Legal/Legislative Issues

From your **IPDP**, copy the applicable goal. \_\_\_\_\_  
\_\_\_\_\_

Write a brief description of the EOA and how it helped you to grow professionally;  
include date(s) when activity or portions of the activity was/were performed.

The signature(s) below verify that this report describes the EOA performed in partial fulfillment of my **Individual Professional Development Plan (IPDP)**.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

Attach any publications, copies of certificates, agendas, etc. that could be used for verification or include a signature of verification.

\_\_\_\_\_  
Verification Signature

\_\_\_\_\_  
Position

\_\_\_\_\_  
Date