

**DISTRICT-BASED CAREER AND TECHNICAL EDUCATION
REQUEST FOR PROFESSIONAL DEVELOPMENT POINTS
ALPINE SCHOOL DISTRICT**

Name: _____ School: _____ Date: _____

Name of Inservice Activity: _____

Location of Inservice Activity: _____

Date of Inservice Activity: _____

List other Alpine School District personnel attending the inservice activity, if applicable. Each participant should sign by their name during the inservice activity to verify attendance (note individual hours of participation if different than hours approved below):

Name	Signature
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Number of hours spent directly on "seat time" activities. Do not include registration, meal, or travel time (see CTE Coordinators Handbook, Section CTE-008, 5.2): _____

Number of Professional Development Points Requested: _____
Attach an inservice program or schedule of activities.

Signature of Person Submitting Request

Number of Professional Development Points Approved: _____

District CTE Director Signature

Date

Note: Upon completion of the inservice, this form with participant signatures, must be resubmitted within 90 days of the inservice. Upon receipt of this completed form, a certificate of completion, verifying professional development points, will be furnished to the participants.