

Kern County Early Care & Education Retention Project

Verification of Professional Development Activity

Title of Activity

Presenter Name

Name of Sponsoring Agency

Date of Activity _____ # of hours _____

Please give a brief description of the workshop or attach flyer

Participant's name (print) _____

(signature) _____

Professional Growth Advisor
or Director's name (print) _____

(signature) _____

Please take a copy of this form to each workshop or training.
If you do not receive a Certificate of Participation from the workshop sponsor,
you must complete this form and request that your Professional Growth Advisor
or Director verifies your attendance. Additional copies of this form may be made
to record multiple activities.