

**VERIFICATION OF COMPLETION  
OF IDAHO SCHOOL DISTRICT/CHARTER APPROVED IN-SERVICE**  
Idaho State Department of Education

This form is only valid if it has been signed by the appropriate superintendent or designee at an Idaho school district or equivalent authority at an Idaho private school.

The following individual has successfully completed a professional development activity and is entitled to equivalency credit. (NOTE: 15 clock hours = 1 in-service credit. A maximum of three (3) in-service credits may be applied toward the renewal of an individual's certificate.) Partial credit **is not** applicable.

**FULL LEGAL NAME:**

**DOB:**

\_\_\_\_\_

\_\_\_\_\_

Last

First

M.I.

**EDUID # (if known)** \_\_\_\_\_

**HOME ADDRESS:**

\_\_\_\_\_

Street/PO Box

City

State

Zip

**TITLE OF INSERVICE:** \_\_\_\_\_

**DATE(S) OF INSERVICE:** \_\_\_\_\_

**BRIEF DESCRIPTION (Use separate sheet if necessary):**

\_\_\_\_\_

**TOTAL CLOCK HOURS OF INSTRUCTION RECEIVED:**

- 15 HOURS
- 30 HOURS
- 45 HOURS
- OTHER: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Superintendent/Charter Administrator  
or Professional Development Chair**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name of Idaho School District/Charter**

\_\_\_\_\_  
**Phone Number/Email Address**