

**Appendix C
Professional Development Activity Approval**

Burlington Standards Board

Name: _____ Teaching Position: _____
School _____ License Expiration Date: _____
Endorsement(s) held: _____
Endorsement(s) to which this activity applies: _____
(use Endorsement Codes)

Please check: Prior Approval _____ Final Approval _____

Number of credits requested (7.5 contact hours required for each 1/2 credit requested): _____

Please check the activity for which you are requesting re-licensing credits:

1. Traditional: _____ Academic Course _____ Workshop/Seminars _____ Conference

2. Nontraditional (attach description of activity for prior approval [optional] or final approval):

These activities are limited to 1/3 of required credits (see exceptions below)

- ____ Designing, Developing & Teaching courses/ workshops _____ Local School/District Activities
- ____ Work experience/ internship/Educational Travel _____ State Education Activities
- ____ Educational Research/Publication _____ Higher Education Activities
- ____ National Board Certification _____ Industry Credentials
- ____ School/Business/Industry/Community Partnerships _____ Mentor a new teacher
- ____ Continuing Education Units for SLP/nurse/social worker/psychologist (limited to 1/2 of required credits)
- ____ Peace Corps Experience (limited to 2/3 of required credits)
- ____ Other (describe: _____)

Complete 1-6:

1. Name/title of activity: _____
2. Sponsoring Institution (if applicable): _____
3. Expected date of completion: _____ Anticipated hours: _____
4. Explain how this activity connects to your IPDP. Please be specific as to standard and/or goal.

For Final Approval (must be submitted within two years of completion of activity):

5. Attach appropriate documentation (transcript, grade report, certificate of attendance, documentation of hours, etc.) and a copy of your signed IPDP.
6. Attach a reflective narrative of how this activity improved your practice and/or student learning.

Prior Approval: _____
(optional) Board Member # Credits Date

Final Approval: _____
 Board Member # Credits Date