

**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.**

**HOME ADDRESS:**

\_\_\_\_\_

**Street/PO Box**

**City**

**State**

**Zip**

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

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

**15 HOURS**

**30 HOURS**

**45 HOURS**

**OTHER:** \_\_\_\_\_

**TOTAL CLOCK HOURS OF INSTRUCTION RECEIVED:** \_\_\_\_\_

\_\_\_\_\_

**Signature of Superintendent/Charter Administrator**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Name of Idaho School District/Charter**

\_\_\_\_\_

**Phone Number/Email Address**