

Washington County Public Schools
PROFESSIONAL DEVELOPMENT PLAN
REVISION REQUEST
 (APC Recertification)

Name _____ S.S.# _____ Date _____

Present Assignment _____ Location _____

Validity dates of APC - July 1, _____ - June 30, _____ OR January 1, _____ - December 31, _____.

ACTIVITIES TO BE ADDED:

	# Units	# Credits
_____	_____	_____
_____	_____	_____

Signature _____ Date _____

Note: Evidence of completion of activities should be submitted to the Human Resources Office immediately following completion and be identified as a PDP activity. Verification of Completion or Attendance Forms may be picked up in your school office.

Approval: _____
 Principal/Immediate Supervisor _____ Date _____

_____ Date _____
 Certification Specialist

Completion verified: _____
 Certification Specialist _____ Date _____