

*Washington County Public Schools*  
*Office of Human Resources*

**VERIFICATION OF COMPLETION OR ATTENDANCE**  
**(for renewal of APC)**

Name \_\_\_\_\_

Social Security #    xxx    /   xx   / \_\_\_\_\_ Employee ID # \_\_\_\_\_

Location \_\_\_\_\_

Activity \_\_\_\_\_

# of Renewal Units \_\_\_\_\_

Completion Date \_\_\_\_\_

**The employee named above has completed or attended the activity or responsibility required to earn renewal unit(s) as identified on the employee's approved Professional Development Plan (PDP) required for recertification.**

\_\_\_\_\_  
Authorized Signature/Date