

**INDIVIDUAL PROFESSIONAL DEVELOPMENT PLAN/REPORT  
FOR  
INSTRUCTORS REQUIRED TO HOLD CERTIFICATION**  
(This form is due to the Office of Academic Affairs by September 15 annually)

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

GENERAL INFORMATION		
<b>I. LEVEL OF EDUCATION</b>	<b>SEMESTER HOURS</b>	<b>DEGREE</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>II. TEACHING CERTIFICATE(S) DESCRIPTION</b>	<b>CERTIFICATE NUMBER</b>	<b>EXPIRATION DATE</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

PROFESSIONAL DEVELOPMENT PLAN	
<b>I. DEGREE PLAN (If applicable)</b>	
A. COLLEGE: _____	
B. DEGREE: _____	
C. EXPECTED COMPLETION DATE: _____	
<b>II. ACTIVITIES COMPLETED TOWARD RENEWAL OF TEACHING CERTIFICATE</b> (Make certain that documentation substantiating that the activity was completed is in your personnel file.)	
<b>DESCRIPTION</b>	<b>DATE COMPLETED</b>
_____	_____
_____	_____
_____	_____
_____	_____