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| Directions | | | |  | | | | | | | | | | | | | | | |
| 1. | Submit the following documentation to PTSB to request PTSB Professional Development Credit: | | | | | | | | | | | | | | | | | | |
|  |  | | Facilitator’s Request for Professional Development Credit form | | | | | | | | | | | | | | | | |
|  |  | | Statement of intended outcomes/objectives of the professional development workshop | | | | | | | | | | | | | | | | |
|  |  | | Agenda, syllabus, and schedule of proposed workshop | | | | | | | | | | | | | | | | |
|  |  | | Instructor qualifications (resume, vitae, or bio describing qualifications for this workshop) | | | | | | | | | | | | | | | | |
| 2. | Requests must be received by the PTSB at least 10 working days prior to the Start Date of the workshop. | | | | | | | | | | | | | | | | | | |
| 3. | Submit complete requests to PTSB via email to [ptsbworkshoprequests@wyo.gov](mailto:ptsbworkshoprequests@wyo.gov), via fax to 307.777.8718, or to the address below. | | | | | | | | | | | | | | | | | | |
| Facilitator Information | | | | | | | | | | | | | | | | | | | |
|  | Facilitator’s Name: | | | | |  | | | | | | | | | | | |  | |
|  |  | | | | | *(The Facilitator is the person responsible for entering participant credit.)* | | | | | | | | | | | |  | |
|  | Facilitator’s Email Address: | | | | | | | |  | | | | | | | | |  | |
|  | Facilitator’s Phone Number: | | | | | | | |  | | | | | | | | |  | |
|  | Facilitator’s Mailing Address: | | | | | | | |  | | | |  |  | | |  |  | |
|  |  | | | | | | | | *Street/PO Box* | | | | *City* | *State* | | | *Zip* |  | |
| Workshop Information | | | | | | | | | | | | | | | | | | | |
|  | Workshop Title: | | | |  | | | | | | | | | | | | | |  |
|  |  | | | |  | |  | | | | | | | | | | | |  |
|  | Workshop Location (City & State): | | | | | |  | | | | | | | | | | | |  |
|  |  | Workshop Dates: | | | | | | Begin Date: | | |  | Number of meetings: | | | |  | | |  |
|  |  | | | | | | | End Date: | | |  | Contact hours of each meeting: | | | |  | | |  |
|  | Total Contact Hours: | | | | | |  | | | Requested PTSB Professional Development Credits: | | | | |  | | | |  |
|  | **Is this workshop intended for Virtual Educators?  Yes  No**  *(Workshop must have at least seven contact hours; breaks, lunch and registration must be excluded; working lunches may be included.)*  *7 Contact hours = 0.5 credits* | | | | | | | | | | | | | | | | | |  |
| Facilitator Responsibilities | | | | | | | | | | | | | | | | | | | |
| 1. | Within 10 working days of PTSB’s receipt of a request, the Facilitator will be notified by email of the proposed workshop’s approval status. The 1) approval form, 2) PTSB Participant Sign-in Sheet, and 3) the instructions for electronic submission of participant credits will be included in the email notification. | | | | | | | | | | | | | | | | | | |
| 2. | The Facilitator is responsible for tracking and verifying completion by individual participants and for ensuring that participants indicate their social security number or PTSB identification number on the Participant Sign-in Sheet. | | | | | | | | | | | | | | | | | | |
| 3. | Following completion of the approved workshops, Facilitators are responsible for electronic submission of participant lists within 10 working days of the End Date of the workshop. | | | | | | | | | | | | | | | | | | |
| 4. | The Facilitator is responsible for notifying the PTSB of any date changes or cancellations. | | | | | | | | | | | | | | | | | | |