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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, via fax to 307.777.8718, or to the address above.  |
| 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): |  |  |
|  | [ ]  | Single Day Workshop: | Date: |  | Begin Time: |  | End Time: |  |  |
|  |  | *OR* |  |
|  | [ ]  | Multiple Day Workshop: | Begin Date: |  | Number of meetings: |  |  |
|  |  | End Date: |  | Contact hours of each meeting: |  |  |
|  | Total Contact Hours: |  | Requested PTSB Professional Development Credits: |  |  |
|  | *(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. |