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| Directions |  |
| 1. | Submit the following documentation to PTSB to request PTSB Professional Development Credit: |
|  | [ ]  | Individual Request for Professional Development Credit completed form |
|  | [ ]  | Copy of certificate of completion  |
|  | [ ]  | This workshop was at least 7 Contact Hours *(Requests for less than 7 contact hours are not eligible for credit.)* |
|  | [ ]  | Attached typed response to each Individual Development Statement *(No more than 1-page typed total.)*  |
|  |  | A. | What skills or knowledge did you improve by taking this workshop? |
|  |  | B. | Explain your desired outcome from this workshop has improved or changed you, your students, or your classroom? |
|  |  | C. | How does this workshop align with improving student achievement? |
|  |  | D. | How have you applied or will you apply your new knowledge and skills to your profession? |
| 2. | Requests must be received by the PTSB within 30 days of workshop completion. *Effective September 1, 2012.* |
| 3. | Submit complete requests to PTSB via email to ptsbworkshoprequests@wyo.gov, via fax to 307.777.8718, or to the address above. |
| Educator Information |
|  | Educator’s Name: |  |  |
|  | SS# or PTSB ID#: |  |  |
|  | Email Address: |  |  |
|  | Phone Number: |  |  |
|  | 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* |  |
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|  | Educator Signature | Date |
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