



PROFESSIONAL TEACHING STANDARDS BOARD

2001 Capitol Ave. Room #128
Cheyenne, Wyoming 82002

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toll free: 800.675.6893
fax: 307.777.8718
<http://wyomingptsb.com>

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 (that shows title, date, location and contact hours - include an agenda if no contact hours are shown)
 - ☐ 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. How will it improve or change 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 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

Educators Name:				
PTSB ID#:				
Email Address:				
Phone Number:				
Mailing Address:				
	Street/PO Box	City	State	Zip

Workshop Information

Workshop Title: _____				
Workshop Location (City & State): _____				
<input type="checkbox"/>	Single Day Workshop:	Date: _____	Begin Time: _____	End Time: _____
OR				
<input type="checkbox"/>	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 PTSB credit				

Educator Signature (Please type name)

Date