



EPISCOPAL
HIGH SCHOOL
of JACKSONVILLE

Professional development is everyone's responsibility.

Reporting of Professional Training Hours

Please submit a **separate** report for each professional training activity you completed.

Professional training hours **must** be reported during the school year (July 1 to June 30) in **which they are completed** to be valid.

Please note the following restrictions on professional growth and development (PG&D) points:

- Each activity must be a minimum of one hour (excluding breaks).
 - You must accumulate a minimum of 12 hours of PG&D activities within a school year (July 1 to June 30) for these hours to count.
 - You may use a maximum of 60 hours of PG&D when recertifying (every five years).
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Please complete the following information:

Name: _____

Title of Activity: _____

Location of Activity: _____

Name of Activity's Facilitator: _____

Beginning Date of Activity (m/d/yyyy): _____

Ending Date of Activity (m/d/yyyy): _____

Number of hours completed in activity (excluding meal times and breaks): _____

Do you presently have a valid Florida Professional Educator's Certificate?

Yes

No

To report these hours, please do the following:

- Print a copy of this report.
- Attach to this report all documentation that verifies your participation in the activity (certificate of completion, schedule, syllabus, etc.)
- Submit these documents to the professional development office.

ONLY FOR FL CERTIFIED TEACHERS
Application for Master Inservice Points

Last Name: _____

First Name: _____ Middle Name: _____

Date of Application: _____

School: _____

Social Security # : _____

Department of Education # on Certificate: _____

Subject Areas on Certificate: _____

Subject Area to which points will be applied: _____

Component Title: _____

Component Number: _____

Beginning Date: _____ Ending Date: _____

Workshop/Activity Title: _____

Workshop/Activity Location: _____

Beginning Time: _____ Ending Time: _____

Total Number of Inservice Points Requested: _____

Name of Workshop/Activity Instructor: _____

Instructor's Signature: _____

Principal's or In-House MIP Coordinator's Signature: _____

I hereby authorize that the above named has attended this inservice activity.

****All Applications for Workshop Points Must be Accompanied by a Letter of Completion or a Workshop Activity Log. All Workshop Activity Logs should be typed and include the following: 1) Topic of the Workshop, 2) How the Topic was Covered, 3) Activities, and 4) Evaluation Procedures.***

Diocesan MIP Coordinator's Signature: _____

Board of Regents Seal