

**PROFESSIONAL STAFF DEVELOPMENT  
INSERVICE CREDIT APPLICATION**

Please complete and return the following information to the Superintendent of Schools when applying for prior approval of inservice credit consideration.

Note: This form must be submitted and approved prior to the start of the professional development activity.

Name \_\_\_\_\_

Current Teaching Assignment/School \_\_\_\_\_

Name of Learning Experience \_\_\_\_\_

Name of Facilitator, Professional Organization or NYS Accredited Institution providing this experience \_\_\_\_\_

*(Note: NCTRC offerings do not require an application.)*

Brief Description of Learning Experience *(Include the purpose, objective or focus of the experience, NYS Standards alignment, expected Professional development outcomes)*

\_\_\_\_\_

\_\_\_\_\_

Date(s) of Experience \_\_\_\_\_

Proposed Contact Hours (15 hrs. = 1 credit) \_\_\_\_

***I understand that the awarding of inservice credit is in lieu of any payment for participation (registration fees, use of substitute, etc.) and for work outside of the school day.***

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Principal \_\_\_\_\_ Date \_\_\_\_\_

Signature of Director of Curriculum \_\_\_\_\_ Date \_\_\_\_\_

-----**FOR SUPERINTENDENT'S OFFICE USE ONLY**-----

\_\_\_\_\_ Approved \_\_\_\_\_ Not Approved Date \_\_\_\_\_

Signature of Superintendent \_\_\_\_\_

Copy to: Personnel File and Staff Member

Adoption date: March 23, 2006

Revised: January 2016