

East Williston UFSD Professional Development Steering Group

COMPLETION CERTIFICATE

Category 1, 2, 3, 7, 11 & 13

(To be submitted to PDSG)

Name _____ School _____

Activity Category: (See reverse side): _____

Title of Activity: _____

Total Number of Hours To Be Earned _____

(Please consult your information booklet for relevant caps.)

**Please attach to this certificate all required information and
documentation as specified in the information booklet.**

(Such as transcripts, logs, workshop data, etc.)

Participant's Signature _____ Date: _____

Final Certification

Approval by: _____ Date: _____

(Administrator, Curriculum Associate or PDSG)