**NORTHAMPTON COUNTY SCHOOLS**

**Renewal Credit Authorization**

|  |  |  |  |
| --- | --- | --- | --- |
| DESCRIPTION OF STAFF DEVELOPMENT ACTIVITY(exact title of activity) | DATE ENROLLED | DATE COMPLETED | UNITS OF CREDIT |
|  |  |  |  |

Name of Instructor or Other Person Directly Supervising Activity

Sponsored by

Address

Signed

 **Signature** **Title**

**DATA OF PERSON EARNING CREDIT**

 **Work Site Date of Birth Social Security No. (last 4 digits) Cert. Exp. Date**

 **Mo. Day Year Mo. Day Year**

**Name**

 **Last First Middle Maiden**

**Address**

 **Street or P. O. Box City State Zip**

**TO PERSON EARNING CREDIT: This form will be submitted to the program director for approval of renewal credit. You will receive a copy of the authorization for your files and a copy will be forwarded to the Personnel Office.**