

**USD 339-Jefferson County North  
Validation of College Credit or Continuing Education**

Name \_\_\_\_\_ Building \_\_\_\_\_

Name of Class \_\_\_\_\_

Instructor \_\_\_\_\_

Sponsoring University or College \_\_\_\_\_

If this is an On-Line college-- what is there accrediting association? \_\_\_\_\_

Choose one: \_\_\_\_\_ Content Knowledge \_\_\_\_\_ Professional Education

**Attach transcript or proof of attendance**

Briefly describe the class and tell how it has improved you as a teacher.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Credit hours \_\_\_\_\_ x 20 = Professional Development points

Applicant's Signature	Date
Building Administrator Signature	Date
PDC Chairperson Signature	Date
<b>Number of Points Approved by PDC _____</b>	
Not Approved (explanation)	
_____ _____ _____	
On-line university accreditation checked by PDC _____	

