

**USD 339-Jefferson County North  
Validation of Service to the Profession**

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

Name of Organization or Activity (see PDC guidelines for more information)  
\_\_\_\_\_

Location \_\_\_\_\_

Dates and times of service \_\_\_\_\_

Describe the time spent or work involved and how it related to your professional development. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Attach documentation showing your involvement**

Number of hours involved in service? (1 hour = 1 point) \_\_\_\_\_ points requested

Applicant Signature	Date
Administrator Signature	Date
PDC Chairperson Signature	Date
<b>Number of Points Approved by PDC</b> _____	
Not Approved (explanation)	
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>	