

**PROFESSIONAL STAFF DEVELOPMENT EXHIBIT
INSERVICE CREDIT APPLICATION**

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

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 _____

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 Administrator _____ Date _____

-----FOR OFFICE USE ONLY-----

_____ Approved _____ Not Approved _____ Date _____

Signature of Superintendent _____

Adoption date: March 23, 2006