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| **Individual Request for  Professional Development Credit** | | | | | | | | | | | | ***StatesealProfessional Teaching Standards Board***  *1920 Thomes Avenue, Suite 400*  *Cheyenne, WY 82002*  *307.777.7291*  *http://ptsb.state.wy.us* | | | | | | | | | | | | | |
| **INSTRUCTIONS** | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. | Submit the following documentation to PTSB to request PTSB Professional Development Credit: | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | Individual Request for Professional Development Credit completed form | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | Copy of certificate of completion | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | This workshop was at least 7 Contact Hours *(Requests for less than 7 contact hours are not eligible for credit.)* | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | Attached typed response to each Individual Development Statement *(No more than 1-page typed total.)* | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | A. | What skills or knowledge did you improve by taking this workshop? | | | | | | | | | | | | | | | | | | | | | |
|  |  | | B. | Explain how your desired outcome from this workshop has improved or changed you, your students, or your classroom? | | | | | | | | | | | | | | | | | | | | | |
|  |  | | C. | How does this workshop align with improving student achievement? | | | | | | | | | | | | | | | | | | | | | |
|  |  | | D. | How have you applied or will you apply your new knowledge and skills to your profession? | | | | | | | | | | | | | | | | | | | | | |
| 2. | Requests must be received by the PTSB within 30 days of workshop completion. *Effective September 1, 2012.* | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. | Submit complete requests to PTSB via email to [Nannette.Tardif@wyo.gov](mailto:Nannette.Tardif@wyo.gov), via fax to 307.777.8718, or to the address above. | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **EDUCATOR INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Educator’s Name: | | | | |  | | | | | | | | | | | | | | | | | |  | |
|  | SS# or PTSB ID#: | | | | |  | | | | | | | | | | | | | | | | | |  | |
|  | Email Address: | | | | |  | | | | | | | | | | | | | | | | | |  | |
|  | Phone Number: | | | | |  | | | | | | | | | | | | | | | | | |  | |
|  | Mailing Address: | | | | |  | | | | | | | | | |  | | | |  | | |  |  | |
|  |  | | | | | *Street/PO Box* | | | | | | | | | | *City* | | | | *State* | | | *Zip* |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **WORKSHOP INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Workshop Title: | | | |  | | | | | | | | | | | | | | | | | | | |  |
|  |  | | | |  | |  | | | | | | | | | | | | | | | | | |  |
|  | Workshop Location: | | | | | |  | | | | | | | | | | | | | | | | | |  |
|  |  | Single Day Workshop: | | | | | | Date: | | |  | | | Begin Time: | | |  | | End Time: | | |  | | |  |
|  |  | *OR* | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | Multiple Day Workshop: | | | | | | | Begin Date: | | | |  | | Number of meetings: | | | | | | |  | | |  |
|  |  | | | | | | | | End Date: | | | |  | | Contact hours of each meeting: | | | | | | |  | | |  |
|  | Total Contact Hours: | | | | | |  | | | Requested PTSB Professional Development Credits: | | | | | | | | | | |  | | | |  |
|  | *(Workshop must have at least seven contact hours; breaks, lunch and registration must be excluded; working lunches may be included.)*  *7 Contact hours = 0.5 credits* | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | |  | | | | | | | |
|  | Educator Signature | | | | | | | | | | | | | | | | | Date | | | | | | | |