Outside VC Professional Development Form

For Employment Records, please use this form to report ALL outside Professional Development Activities. Academic Year - August 2013 through July 2014
Vernon College REQUIRED PD Hours: Administration: 22 hours Administrative staff: 22 hours Classified staff: 16 hours Full time faculty: 22 hours Adjunct faculty: 6 hours
Outside Professional Conferences/Certification Maintenance - allowable transfer in 6 Hour Maximum Community - allowable transfer in 2 Hour Maximum
Note: This form allows for reporting up to 10 activities. If you need to report additional activities submit this form and reenter the form.
*Last Name
*First Name
*Classification:
C Administration
C Full Time Faculty
C Part Time Faculty
C Administrative Staff
C Classified Staff
*Faculty
C Academic
C Academic C Career & Technical Education

Outside VC Professional Development Form **Professional Development Activity 1** Training Title Name of Provider (Example: WF ISD, TCCTA, NISOD) Date(s) of Activity Clock Hours of Activity **Professional Development Activity 2** Training Title Name of Provider (Example: WF ISD, TCCTA, NISOD) Date(s) of Activity Clock Hours of Activity **Professional Development Activity 3** Training Title Name of Provider (Example: WF ISD, TCCTA, NISOD) Date(s) of Activity Clock Hours of Activity **Professional Development Activity 4** Training Title Name of Provider (Example: WF ISD, TCCTA, NISOD) Date(s) of Activity Clock Hours of Activity **Professional Development Activity 5** Training Title Name of Provider (Example: WF ISD, TCCTA, NISOD) Date(s) of Activity Clock Hours of Activity **Professional Development Activity 6** Training Title Name of Provider (Example: WF ISD, TCCTA, NISOD) Date(s) of Activity Clock Hours of Activity

Outside VC Professional Development Form **Professional Development Activity 7** Training Title Name of Provider (Example: WF ISD, TCCTA, NISOD) Date(s) of Activity Clock Hours of Activity **Professional Development Activity 8** Training Title Name of Provider (Example: WF ISD, TCCTA, NISOD) Date(s) of Activity Clock Hours of Activity **Professional Development Activity 9** Training Title Name of Provider (Example: WF ISD, TCCTA, NISOD) Date(s) of Activity Clock Hours of Activity **Professional Development Activity 10 Training Title** Name of Provider (Example: WF ISD, TCCTA, NISOD) Date(s) of Activity Clock Hours of Activity