

**FAIRFIELD COUNTY EDUCATIONAL SERVICE CENTER
LOCAL PROFESSIONAL DEVELOPMENT COMMITTEE**

ACTIVITY VERIFICATION FORM

PART 1: To be completed by candidate. Submit two copies of this form. Please type or print legibly.

Candidate's Name: _____

Activity: _____

Below, briefly describe the activity being verified. Explain the activity and **why** it is noteworthy.

Requested amount of contact hours: _____ (Complete Activity Verification Log)

PART 2: To be completed by person verifying.

Is the candidate's description of their activities accurate? _____ YES _____ NO

How do you know of these activities?

Signature: _____ Date: _____

Name (please print): _____

Title or Position: _____

Phone Number: _____ Email: _____

Address: _____