

Instructor Verification of Audit Credit or Non-Credit Workshop NOT in PDE3 for Sheltered Instruction Professional Development Seat Hours

uctor Name:					
o ID (if applicable) :	School/Office: (if	School/Office: (if applicable)			
ition Title:					
ne Instructor is a non-DOE employee:					
ne of npany:					
ition Title of Non-DOE Instructor:					
non-DOE instructor, please submit a co					
**************************************	*******	******	*****		
Course or Conference*	Course Number & Section	Date(s) of Course	# of Seat Hours		
tion II: Name of Participant	Employee ID	School/Donari	tmont/Office		
(Last Name, First Name)	Lilipioyee ib	School/Department/Office			

Name of Participant (Last Name, First Name)	Employee ID	School/Department/Office	
(Last Wallie, First Wallie)			
Attach additional sheet(s) if necessary.			
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y signing below, I certify that I was the course,			
sted in Section I. By signing below, I am also v		articipants listed in Section II attended a	
ourse hours and completed all of the course red		2010	
lote: Course must have been taken before vorkshop/course.	<u> vecember 19, 2</u>	<u>019</u> . Use a separate form for eac	
νοι κοποργεσαί δε.			

Any misrepresentation or falsification of information on this form may result in sanctions including termination from employment and/or disciplinary action. For non-DOE instructors, additional courses may be deemed ineligible for meeting the Sheltered Instruction Qualification.

Instructor/Sponsor Signature:	 	
Date:	 	

Submission Instructions: Please submit this verification to the Educator Quality Section via one of these methods: (1) Mail: P.O. Box 2360 Honolulu, HI 96804 or (2) via HIDOE courier to OTM, Educator Quality Section or (3) email: hqt@k12.hi.us