



Department of Education  
 Office of Talent Management  
 EQ Section  
 P.O. Box 2360 Honolulu, HI

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

Instructor Name: \_\_\_\_\_

Emp ID (if applicable) : \_\_\_\_\_ School/Office: (if applicable) \_\_\_\_\_

Position Title: \_\_\_\_\_

**If the Instructor is a non-DOE employee:**

Name of Company: \_\_\_\_\_

Position Title of Non-DOE Instructor: \_\_\_\_\_

**For non-DOE instructor, please submit a copy of your business card with this verification form.**

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**Section I:**

| Course or Conference* | Course Number & Section | Date(s) of Course | # of Seat Hours |
|-----------------------|-------------------------|-------------------|-----------------|
|                       |                         |                   |                 |

**Section II:**

| Name of Participant<br>(Last Name, First Name) | Employee ID | School/Department/Office |
|--|-------------|--------------------------|
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