



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

**Instructor Verification of Audit Credit for
 Sheltered Instruction Professional Development Seat Hours**

Instructor Name : _____

Emp ID (if applicable) : _____ **School/Office: (if applicable)** _____

By signing below, I certify that I was the course/conference instructor or sponsor for the course/conference listed in Section I. By signing below, I am also verifying that the participants listed in Section II attended all course hours and completed all of the course requirements except for the Portfolio and was awarded **Audit** credit to be used towards meeting the Sheltered Instruction Professional Development seat hours. *Note: Course must have been posted to PDE3 before December 19, 2019. Use a separate form for each workshop/course.*

Section I:

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

Section II:

Name of Participant (Last Name, First Name)	Employee ID	School/Department/Office

Attach additional sheet(s) if necessary.

Any misrepresentation or falsification of information on this form may result in sanctions including termination from employment and/or disciplinary action.

Instructor/Sponsor Signature: _____ **Date:** _____

Submission Instructions: Teacher, please submit this verification along with your *Sheltered Instruction Qualification Cover Sheet* to the Educator Quality Section. P.O. Box 2360 Honolulu, HI 96804 or via HIDOE courier to OTM, Educator Quality Section.