



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

## Verification of Audit Credit for Sheltered Instruction Professional Development Seat Hours

Name: \_\_\_\_\_ Emp ID: \_\_\_\_\_

School/Office: \_\_\_\_\_

I am seeking the Sheltered Instruction Qualification through **Option 3: Completion of seventy-two (72) seat hours of TESOL-related HIDOE non-credit PD workshops or courses.** (List courses taken for **AUDIT**; courses must have been posted to PDE3 before December 19, 2019. Use a separate form for each workshop/course.)

Course or Conference	Course Number & Section	Date of Completion	# of Seat Hours

By signing below, I certify that I have completed the courses above and earned Audit credit(s). Any misrepresentation or falsification of information on this form may result in sanctions including termination from employment or disciplinary action.

Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I certify that I am/was the course instructor or course sponsor for the above course. By signing below I am verifying that the teacher above attended all course hours and completed all of the course requirements except for the Portfolio and was awarded Audit credit. Any misrepresentation or falsification of information on this form may result in sanctions including termination from employment or disciplinary action.

Course Instructor/Sponsor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Course Instructor/Sponsor Name (print): \_\_\_\_\_

**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.