



Please Type or Print

HUMAN RESOURCES-INSERVICE
Application Request for Inservice Credit for trainings NOT sponsored by OCPS

Active Employees of Orange County Public Schools who complete training not sponsored by the District may be eligible for inservice credit in keeping with the Florida Department of Education Professional Development Protocol /Master Inservice Plan. Each training activity must be submitted on separate application to Human Resources-Inservice Department. This application cannot be utilized for college coursework, and any District sponsored workshops.

- 1. Name: _____
Last First M.I.
- 2. Personnel #: _____
- 3. School (Work Location): _____
- 4. Full Title of Activity: _____
- 5. Name of Professional Organization Sponsoring This Activity (*do not abbreviate*): _____
- 6. Date Started: _____, 20____
Month Day
- 7. Date Ended: _____, 20____
Month Day

You have One(1) year after completing the training to submit your application and documentation for inservice credit

- 8. Total Hours Spent in Sessions: _____ [*The OCPS Master Inservice Plan requires that training be at least three (3) hours in length.*]
- 9. Area(s) of Certification: _____

10. **The primary focus of this Professional Development is: (Check ONLY one)**

- Subject-Specific Content Technology Integration
- Data Analysis Classroom Management
- Formal and Informal Assessments Parent Involvement
- Differentiated Instructional Strategies School Safety

- 11. Master Inservice Plan Component Number to which this activity applies: _____
(HR-Inservice coordinator will determine appropriate component number)

12. **Important - Please attach the following items to this form:**

- 1. A copy of the program agenda indicating duration of session(s)
- 2. A copy of the certificate of completion, and proof of attendance.
- 3. A 3/4 to 1 page report (100 words minimum) about the program. Explain the value of this experience to you, your students, and/or your current responsibilities. How will you implement the knowledge, ideas, and/or skills gained through this activity in the classroom?

13. Date: / / _____ Participant's Signature _____

14. Date: / / _____ Supervisor's Signature _____

Print Name of Supervisor _____

(Verifies that specific objectives of the activity are appropriate for the participant's area(s) of certification and the information/skills learned have been demonstrated on the job.)

FOR HUMAN RESOURCE-IN SERVICE USE ONLY

Date: / / _____

Certified by: _____
Human Resources/In Service Coordinator

PLEASE SUBMIT APPLICATION & DOCUMENTS TO COLETTE LEE HUMAN RESOURCES 5TH FLOOR-rev 2015