

**CAMDEN CITY PROFESSIONAL DEVELOPMENT
TRACKING DOCUMENTATION**

Educator's Name: _____

Social Security #: _____ **School:** _____

Description of Professional Development Activity: _____

Date: _____

Location: _____

Name of Provider: _____

Provider/District Registration Number: _____

Presenter(s) Facilitator(s): _____

Number of Actual Professional Development Hours: _____

I certify that the above activity is clearly outlined in the Teacher's Professional Improvement Plan (PIP), or it pertains to the goals listed in the Teacher's PIP.

(Principal's Signature)