

MARYLAND STATE DEPARTMENT OF EDUCATION
DIVISION OF CERTIFICATION AND ACCREDITATION
PROGRAM APPROVAL AND ASSESSMENT BRANCH

**CONTINUING PROFESSIONAL DEVELOPMENT
EXPERIENCE CREDIT FORM**

Local School System:	MSDE/CPD Number:
Independent\MSDE CPD Experience Sponsor:	
Name of Participant:	Social Security Number (Last four digits only):
Name of School:	Holds Certificate: Yes <input type="checkbox"/> No <input type="checkbox"/> Participant must hold a certificate in order to be awarded MSDE credit.
Title of Experience:	
Area:	Emphasis:
Number of Credits Earned:	Dates of Experience: (M/D/Y)
This is to verify that the above-mentioned participant has successfully completed requirements for the specified credit hours.	
<hr/> Signature of Instructor <hr/> <hr/> Signature of Professional Development Liaison, Dr. Brian Phillips, WCPS Central Office <hr/> Date	
<hr/> Date	

CPD Form to be submitted through the Local School System (LSS) whether or not the local acts as the sponsor.

DISTRIBUTION TWO ORIGINALS: ONE FOR LSS AND ONE FOR PARTICIPANT

- 1) **TWO signed copies of this form** with the instructor's original signature are submitted to Dr. Brian Phillips at the central office electronically or via the mailbag. One copy to be retained by the LSS and one copy to be given to the participant. **The CPD form with original signatures MUST be sent to MSDE when the applicant requests his/her renewal of certification.**
- 2) **If the participant is not employed by a local school system** but holds a Maryland certificate, he/she should retain the credit form and submit it to MSDE Certification Office when requesting renewal of his/her certificate.