

Training Verification Form

PD approval for individual participation in out-of-state conferences or workshops and non-credit-bearing online training.

Element	Explanation
Applicant	Provide name and current position.
Contact Information	List current address, phone number, and email address.
Title of Professional Development	Name the conference or training session for which you are providing verification.
Sponsoring/Hosting Organization	Provide the name of the organization/institution sponsoring/hosting the conference or training session.
Event Date(s)	List the timeframe in which this training occurred.
Total Length of Session(s)	Indicate the total number of contact (clock) hours for which you are providing verification.
Presentation Format	Indicate which format was used for this training. <input type="checkbox"/> Face-to-face session(s) <input type="checkbox"/> Online/distance learning
Session Presenter(s) and Description(s)	Provide a concise summary or overview of <u>each session</u> attended. Include the names and credentials of the presenter(s). Each summary must explain how the sessions align with specific Rhode Island Workforce Knowledge and Competencies and, when appropriate, RIELDS' domains.
Individual Professional Development Plan (IPDP)	Explain how the topic is aligned with your IPDP and how you will incorporate the information learned into your practice.
Additional Supporting Materials (optional)	Attach any supporting materials such as the conference brochure, or session handouts.