



Professional Certification Electives Approval

Candidate _____

Started Program (date) _____ Core Instructor _____

3 Core credits + 7 Elective credits are required. 10 clock hours = 1 credit.

Electives to meet Professional Growth Plan	Completion # of credits
Course 1	<input type="checkbox"/> credits <input type="checkbox"/> clock hrs
Course 2	<input type="checkbox"/> credits <input type="checkbox"/> clock hrs
Course 3	<input type="checkbox"/> credits <input type="checkbox"/> clock hrs
Course 4	<input type="checkbox"/> credits <input type="checkbox"/> clock hrs
Course 5	<input type="checkbox"/> credits <input type="checkbox"/> clock hrs

Candidate _____ Date _____

District Representative _____ Date _____

Core Instructor or Linking Course Instructor _____ Date _____

Director of Professional Certification Program _____ Date _____