



LAKELAND JOINT SCHOOL DISTRICT #272
15506 N. Washington Street P.O. Box 39
Rathdrum, Idaho 83858
Phone: 208.687.0431 Web: lakeland272.org

Professional Development

To: Lakeland School District Employees
From: Professional Development Committee
Subject: Application for Inservice Credit

Staff members applying for inservice credit must provide the following information before your state verification certificate will be reviewed by the Professional Development Committee:

1. Complete state verification certificate and return with this application form.
2. Provide a copy of the District's request form for professional leave, if applicable.
3. Provide a copy of inservice or workshop agenda or other information that would be helpful to the committee.

I am requesting that the Lakeland Professional Development Committee formally consider my application for inservice credit and attest that all information provided is factual and accurate, to the best of my knowledge.

Applicant's Signature

* * * * *

COMMITTEE ACTION

Application for inservice credit is granted _____

Application for inservice credit is denied _____

Reason for denial: _____

Chairperson Signature _____

Date _____



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**GUIDELINES FOR CREDIT FOR EQUIVALENT
INSERVICE TRAINING FOR RECERTIFICATION
(INSERVICE CREDIT)**

1. Each inservice credit shall require not less than fifteen clock hours of formal instruction. Seven and one-half (7.5) hours of corresponding or related inservice instruction may qualify for one-half unit of inservice credit.
2. Three inservice credits are the maximum allowed for a recertification period. Credits must be completed during the five years the certificate is in effect.
3. Request for inservice credit shall be made through the professional development committee of the local school district or educational agency, within the same contract year the inservice instruction was completed. (Sept. 1 – Aug. 31)
4. Inservice credits shall be reported to the Office of Teacher Education and Certification, Idaho State Department of Education on forms provided by that office.
5. Inservice credit forms must be signed by the local district superintendent or designee and the chairperson of the local professional development committee.
6. When the inservice training is conducted as a joint action of two or more school districts and/or educational agencies, the district of employment shall assume responsibility for verifying their employees' inservice credit to the state.
7. All local school districts must file a district professional development plan with the Office of Teacher Education and Certification by September 1, 1985, and must file an updated plan each year thereafter.
8. Persons not employed by an Idaho school district may be accepted into the inservice program of a local school district at the option of the school district (verification by submission of "Certification of Equivalency Inservice Training" form.) Those persons not accepted into a local school district inservice program and those persons who elect not to participate in a local inservice program shall be required to complete all recertification credits at a college or university. (Verification shall be by official university/college transcripts.)



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FORM B7

**VERIFICATION OF COMPLETION
OF EQUIVALENT IN-SERVICE**

Any in-service credit, whether offered by a school district or another agency, **must** receive written approval from the superintendent or the professional development chairperson of the employing school district.

The following individual has successfully completed a professional development activity and is entitled to equivalency credit. (NOTE: 15 clock hours = 1 in-service credit. A maximum of three (3) in-service credits may be applied toward the renewal of an individual's certificate.) Partial credit **is not** applicable. Equivalent in-service credit can only be used for renewal of a clear Idaho credential. It cannot be used toward the recent credit requirement for initial certification or reinstatement.

FULL NAME:

S.S. #:

Last First M.I.

HOME ADDRESS:

Street/P.O. Box City State Zip

SCHOOL DISTRICT/AGENCY CONDUCTING INSERVICE:

CONTACT PERSON:

PHONE NO:

DESCRIPTION/TITLE OF INSERVICE (Use a Separate Sheet if Necessary.)

INCLUSIVE DATES (Month, Day(s),Year): _____

TOTAL CLOCK HOURS OF INSTRUCTION RECEIVED:

Signature – Superintendent

Date

OR

Signature - Professional Development Chair

Date

Revised 6-08

NOTE: Signatures denote approval

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