

**BERLIN CENTRAL SCHOOL DISTRICT  
CONTINUING PROFESSIONAL DEVELOPMENT  
PLANNING & PARTICIPATION FORM**

**Professional Certificate Holders  
And  
Level III Teaching Assistant Certificate Holders**

Commissioner's Regulation 80-3.6 professional development certification requires that teachers with Professional certificates complete **175 hours of professional development** and Level III teaching assistants to complete **75 hours of professional development** every **five years** for their certificates to be valid.

Both the District and the certificate holder have a responsibility for documenting, reporting and maintaining records of the approved professional development hours completed on an annual basis.

1. This form is provided for use by individuals holding either a Professional certificate or a Level III Teaching Assistant certificate to use for planning and maintaining the required documentation of completed professional development hours.
2. Record professional development in the table below.
3. Keep all registration forms and other documentation related to the professional development with this record.
4. The State Education Department requires that all professional development documentation (this form and other related documentation) be **retained by the certificate holder for seven years**.
5. Upon completion of the professional development activities for the year, the certificate holder must verify the number of clock hours approved and completed with their direct supervisor by submitting this form no later than the last day of school.
6. Submitting this form provides the district with the documentation they are required to maintain on your behalf and for reporting purposes to the State Education Department annually.

Name of Certificate Holder: \_\_\_\_\_

Certificate Title: \_\_\_\_\_ Certification Number: \_\_\_\_\_

Employing School District: \_\_\_\_\_ School: \_\_\_\_\_

School Year: \_\_\_\_\_

Please check the unit that applies to you:

\_\_\_\_\_ BTA    \_\_\_\_\_ CSEA

**Annual Training:**

Right-to-Know OSHA  
Blood Borne Pathogens  
AED  
NYS Certification for Coaching/First Aid

**Training Received:**

Date: \_\_\_\_\_  
Date: \_\_\_\_\_  
Date: \_\_\_\_\_  
Date: \_\_\_\_\_

**Record each professional development experience you participated in this school year along with the number of hours of participation for credit (workshops, conferences, college coursework, in-services, etc.). Duplicate as needed.**

Title of Professional Development Activity	Provider	Date(s)	Personal/District Goal Addressed	Clock Hours

**Total clock hours this year (attach additional pages as necessary):** \_\_\_\_\_

**Submit a final copy to your direct supervisor no later than the last school day.**

\_\_\_\_\_  
**Teacher Signature                                  Date                                  Supervisor Signature                                  Date**  
**Supervisor must send a copy of this form to the Superintendent's Office no later than July 1<sup>st</sup>.**