



Application Request for Inservice Credit for **Online Training** Not Sponsored by Hillsborough County Public Schools

_____ Last Name _____ First Name _____ M _____ Lawson # _____

_____ Site No. _____ Work Location _____ Date of Submission _____

Employees of Hillsborough County Public Schools who complete **online** training not sponsored by the District may be approved for inservice credit in keeping with the Florida Department of Education Professional Development Protocol and the Master Inservice Plan. A request for each online training must be submitted on a separate form, to the director of Staff Development for approval. This form is **not** to be utilized for District Workshop Participation.

TO BE COMPLETED PRIOR TO THE TRAINING ACTIVITY

1. Full Title/Name of Activity: _____
2. Provider of Online Training: _____
3. Web Address/URL to training description: _____
4. Date(s) of Activity: _____ Number of Hours in Training: _____
5. Complete a statement describing the training activity, applicability to your position in the district, and connection to improving student achievement:

TO BE COMPLETED BY DIRECTOR/PRINCIPAL/SITE ADMINISTRATOR/CONTENT SUPERVISOR

Name: _____ Title: _____
Signature: _____ Date: _____

TO BE COMPLETED UPON THE CONCLUSION OF THE TRAINING ACTIVITY

6. Attach a copy of the agenda and documentation of participation such as a receipt or purchase order or a certificate of completion.
7. Sign the application and submit the form and documentation from item 6 to the Director of Professional Development for review, verification, and assignment of component number and points.
8. You have **60 days** after completing the training to submit your application and documentation for Inservice credit.

TO BE COMPLETED BY PARTICIPANT

I verify that I successfully completed the above training and appropriately documented the completion. I acknowledge that I have read and understand the above requirements.

Signature: _____ Date: _____

TO BE COMPLETED BY DIRECTOR OF PROFESSIONAL DEVELOPMENT

Component Number: _____ Number of Inservice Points: _____
Component Name: _____

I verify that the listed training has been completed and that I have reviewed and approved the attached documentation. I recommend that inservice credit be issued to the applicant.

Name: _____ Signature: _____ Date: _____
Please Print

SUBMIT THE APPLICATION AND DOCUMENT TO:

Via School Mail: Educational Leadership & Professional Development
ATTN: Lora Haynes
ROSSAC
Route: 7

US Mail: HCPS – Educational Leadership & Professional Development
ATTN: Lora Haynes
901 E. Kennedy Blvd. 2nd Floor
Tampa, FL 33602

