



**MARYLAND STATE DEPARTMENT OF EDUCATION
CPD COMPLETION FOR CREDIT FORM**

To be completed and signed by organizer and/or instructor of course, and presented to the participant upon completion of the experience.

Local School System:

MSDE CPD Number:

Independent CPD Sponsor:
(college/university/vendor)

Name of Participant:

Social Security Number:
(last four digits only)

Name of School:

Holds Certificate:
Yes ()
No ()

Title of Course/Experience:

Area:

Emphasis:

Number of Credits Earned:

Date of Experience:
M/D/Y

This is to verify that the above-mentioned participant has successfully completed requirements for the specified credit hours.

Signature of Instructor

Date Signed

Signature of CPD Liaison or Non-Public School Official

Date Signed

- 1) **If employed by a LSS, TWO signed copies of this form** with the instructor's original signature are submitted to the teacher's LSS to be signed by the appropriate representative. One copy to be retained by the LSS and one copy to be given to the participant. Each LSS has a method for processing. Please do not send directly to MSDE. **Forms may be emailed or sent by hard copy. PARTICIPANTS SHOULD RETAIN A COPY.**
- 2) **If the participant is not employed by a local school system** but holds a Maryland certificate, participant should retain the credit form and submit it to MSDE Certification Office when requesting renewal of his/her certificate.
- 3) **If the educator is employed in a non-public school**, educator should deal directly with the MSDE Non-Public Liaison assigned to the school in which employment is held.