

# Professional Development Tracking ~ Amador County



Name / Site \_\_\_\_\_ Date \_\_\_\_\_

Fiscal Year ~ (circle one) 2018~2019 2019~2020 \* Fiscal year starts on 7/1 and ends on 6/30

Name of Training / Workshop	Date	Hours	Proof of Completion <i>(Certificate of Completion or copy of Sign-in Sheet)</i>	
_____	_____	_____	<input type="checkbox"/>	<p style="color:red; margin:0;"><b>25 Hours of Professional Development within the same fiscal year = \$500 per individual.</b></p> <p style="margin:0;">Fiscal year starts on July 1 and ends on June 30.</p> <p style="margin:0;">All Professional Development Hours with accompanying proof are due to the First 5 Amador office no later than <b>June 15.</b></p> <p style="margin:0;">All hours to be approved by First 5 Amador.</p> <hr/> <p style="margin:0;">Office use only:</p> <p style="margin:0;">Date received from participant _____</p> <p style="margin:0;">Date paperwork submitted for payment _____</p>
_____	_____	_____	<input type="checkbox"/>	
_____	_____	_____	<input type="checkbox"/>	
_____	_____	_____	<input type="checkbox"/>	
_____	_____	_____	<input type="checkbox"/>	
_____	_____	_____	<input type="checkbox"/>	
_____	_____	_____	<input type="checkbox"/>	
_____	_____	_____	<input type="checkbox"/>	
_____	_____	_____	<input type="checkbox"/>	
_____	_____	_____	<input type="checkbox"/>	
_____	_____	_____	<input type="checkbox"/>	
_____	_____	_____	<input type="checkbox"/>	
_____	_____	_____	<input type="checkbox"/>	
_____	_____	_____	<input type="checkbox"/>	
<b>Use an asterisk (**) to indicate a training that matches up with a goal on your Quality Improvement Plan (QIP)</b>		TOTAL	<input type="checkbox"/>	