

ILLINOIS STATE BOARD OF EDUCATION
 Educator and School Development
 100 North First Street
 Springfield, Illinois 62777-0001

EVIDENCE OF COMPLETION FOR WORKSHOP, CONFERENCE, SEMINAR, ETC.

EVIDENCE OF PARTICIPATION: This is to certify that the undersigned has attended the training program described below.

DIRECTIONS: This form serves as evidence of completion to verify attendance at a conference, workshop, or other professional development training activity. Providers must complete the information identified below. Certificate holders must keep this form for a period of five years and produce it if requested to do so for a random audit. Both parties must sign the form where indicated.

TITLE OF ACTIVITY

State Universities of Illinois Articulation Program 2010

DESCRIPTION/NATURE OF THE EVENT

The State Universities of Illinois hosts 8 articulation programs at the various state 4 year institutions. These articulation programs are a way for high school counselors, administrators, and other interested individuals on the secondary and community college side to get updates regarding new programs and information from each of the 12 4-year public institutions in Illinois.

APPROVED PROVIDER AND PROVIDER NUMBER

State University Articulation Programs

LOCATION (Name of Facility, City and State)

Office of Enrollment Services, Northeastern Illinois University

DURATION (Contact Hours) ONE CPDU PER CONTACT HOUR

3 hours

START DATE

9-23-2010

START TIME

9:00 am

END DATE

9-23-2010

END TIME

12:00 pm

NAME OF PRESENTER

Representatives from Admissions at each 4-year institutions

SIGNATURE OF PROVIDER'S REPRESENTATIVE



Information supplied in the box below is optional and is completed by the participant/certificate holder if desired.

REFLECTION STATEMENT: (OPTIONAL) Although the Reflection Statement is no longer required, you may want to use this space to summarize this activity and what you learned. You may also want to indicate if this activity meets Purpose E (least restrictive environment requirement) and how it applies to teaching students with disabilities in the least restrictive environment.

Print or Type Name of Participant

Signature of Participant

Date

(TO BE RETAINED BY TEACHER FOR 5 YEARS AFTER RENEWAL OF CERTIFICATE)