

DIOCESE OF ST. PETERSBURG - MASTER INSERVICE PROGRAM - INDIVIDUAL ATTENDANCE FORM

For Use When An Inservice Event is Attended As An Individual, Rather Than As a Member of a Group

Part 1. Participant: Please complete and submit to your Local MIP Coordinator within two weeks after the event.

Name: _____ SSN: _____ Date(s): _____

Conference/Workshop Title: _____ Location: _____

Component Name: _____ Component Number: _____

Date(s)	Session/Activity/Title	Certification Area for Points	Session Time(s)		Enter Contact Hours in Each Session	Enter Day's Total Contact Hours Up to 6 Per Day Max.
			From:	To:		
Total Hours for Conference/Workshop:						

Participant's School/Center: _____ Participant's Signature: _____

Step 2. Local MIP Coordinator: Please be sure that the Applicant 1) has entered actual contact hours (up to a maximum of 6 per day); 2) has calculated the Total Contact Hours, and 3) has signed this form.

Principal/Director's Signature below confirms that this event supports the attendee's professional Goals.

Signature of Principal/Director - Delegate: _____ Date: _____

Step 3. Local MIP Coordinator: After reviewing Steps 1-3 above, please determine the points to be awarded, complete the rest of this form, and process as instructed.

Requested Points have been approved.

Requested Points have been DENIED or MODIFIED. Reason: _____

(Please Note: Absence of Proof of Attendance will automatically result in denial of Points as Requested.)

Signature of Local MIP Coordinator: _____ Date: _____