## MARYLAND STATE DEPARTMENT OF EDUCATION DIVISION OF CERTIFICATION AND ACCREDITATION PROGRAM APPROVAL AND ASSESSMENT BRANCH

## CONTINUING PROFESSIONAL DEVELOPMENT EXPERIENCE CREDIT FORM

	MSDE/CPD Number:
Baltimore City Public Schools	15-66-07
Independent CPD Experience Sponsor:	- -
Chesapeake Bay Foundation (CBF)	
Name of Participant:	Social Security Number (Last four digits only):
Patricia Child	3464
Name of School:	Holds Certificate: Yes No
Baltimore Lab School	
	Participant must hold a certificate in order to be awarded MSDE credit.
Title of Experience:	
Chesapeake Classrooms Field Course	
Area:	Emphasis:
Science	Environmental Science
Number of Credits Earned:	Dates of Experience:
3	6/22/2015-6/26/2015
This is to verify that the above-mentioned participant has succ	essfully completed requirements for the specified credit hours.
97/	/ /
A 6-21	9/1/2015
	7 7 -2-1
Signature of Instructor	Date
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	. 1 1
Cantonson	1/13/2016
Signature of Professional Development Liaison	Date
Signature of Professional Development Liaison or NonPublic School Official	Date
•	Date

CPD Form to be submitted through the Local School System (LSS) whether or not the local acts as the sponsor.

## **DISTRIBUTION TWO ORGINALS: ONE FOR LSS AND ONE FOR PARTICIPANT**

- 1) TWO signed copies of this form with the instructor's original signature are submitted to the teacher's school system to be signed by the appropriate representative. One copy to be retained by the LSS and one copy to be given to the participant. The CPD form with original signatures MUST be sent to MSDE when the applicant requests his/her renewal of certification.
- 2) If the participant is not employed by a local school system but holds a Maryland certificate, he/she should retain the credit form and submit it to MSDE Certification Office when requesting renewal of his/her certificate.

MSDE DIGITAL CPD FORM: 05\2012

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