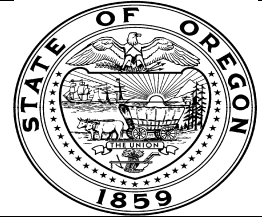




**CERTIFICATE OF PROFESSIONAL
DEVELOPMENT ACTIVITIES**



Date: _____

I, _____ do hereby certify that I have completed the professional development activities indicated on the attached document. I am able to submit acceptable evidence of Professional Development Units (PDUs) upon request, including but not limited to certificates of completion, PDU Verification Form, or official transcripts.

Signature of Licensee

Licensee's Address (Street, City, State, Zip Code)

Phone number of License

Email address of License

Instructions:

- Complete **all** fillable fields and provide e-signature on this certificate
- Complete your PDU Log (page 2)
- Submit both pages together as a single document to your eLicensing Documents tab

