# **Professional Development Documentation Form for Designated Providers of Gifted Education Services**

| **Educator Name** | **School District** |
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*Please keep all original documentation for your own files. Please do not submit this form to the Ohio Department of Education and Workforce unless requested.*

| **Date** | **Professional Development Activity Title** | **Brief Description of Professional Development Activity** | **Competencies Addressed**  | **Provider Qualifications** | **Clock Hours** | **Evidence of Completion *(date/supervisor initials)*** |
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| **Total Clock Hours** |
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| **Supervisor Signature** | **Date** |
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*The above signature acknowledges this educator successfully completed the required annual clock hours of professional development addressing the gifted education competencies.*