

**ALBEMARLE COUNTY SCHOOLS**  
**RECERTIFICATION POINT SYSTEM/PROFESSIONAL DEVELOPMENT**  
**ACTIVITY ENROLLMENT FORM**

This form is to be used to verify the completion of in-service activities sponsored by Albemarle County Schools (i.e. school-based workshops, sessions offered through *Opportunities*, etc.).

Please print in ink all information requested below.

ACTIVITY TO BE COUNTED TOWARDS:       Recertification Points       Staff Development       Both

CERTIFICATE HOLDER'S NAME: \_\_\_\_\_

CURRENT ASSIGNMENT: \_\_\_\_\_ SCHOOL/DEPT.: \_\_\_\_\_

TITLE OF ACTIVITY: \_\_\_\_\_

BEGINNING DATE: \_\_\_\_\_ ENDING DATE: \_\_\_\_\_

NO. OF HOURS ENGAGED IN THIS ACTIVITY: \_\_\_\_\_ OPTION NO: \_\_\_\_\_

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**TO BE COMPLETED BY INSTRUCTOR/PRESENTER**

I verify that by completing the activity described above, this certificate holder has earned \_\_\_\_\_\* recertification points. Points can be awarded for activities that are five or more hours in length.

\_\_\_\_\_  
INSTRUCTOR'S/PRESENTER'S NAME  
(Please print)

\_\_\_\_\_  
INSTRUCTOR'S/PRESENTER'S SIGNATURE

\_\_\_\_\_  
DATE

\*If uncertain as to the number of recertification points to award, please contact the Albemarle County Resource Center.

White: Personnel

Yellow: Employee

Pink: Principal/Advisor