



State Of California
Commission on Teacher Credentialing
Certification, Assignment and Waivers Division
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Sacramento, CA 94244-2700

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VERIFICATION OF HOURS SPENT ON A PROFESSIONAL GROWTH ACTIVITY

For the Renewal of a Child Development Permit

Title of Activity: _____

Description of Activity: _____

Date of Activity: _____

Number of Hours Spent on Activity: _____

Activity Leader/Presenter:

_____ Name (print or type)	_____ Signature	_____ Date
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Permit Holder:

_____ Name (print or type)	_____ Signature	_____ Date
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Professional growth advisors, workshop organizers, and others may photocopy this optional form for their use.