



INDIVIDUALIZED PROFESSIONAL DEVELOPMENT FORM For the Visiting Faculty Permit

Applicant's Name: _____

Applicant's SSN (last four digits only): _____

Name of Employing Agency: _____

- This is to certify that the above-named individual has completed an individualized professional development plan tailored to his or her specific needs and needs of the employing agency and included the following:
- Mentoring, support, and assistance provided by a credentialed, experienced teacher who teaches the same subject as the applicant
 - Instruction and information about the appropriate academic content standards and curriculum framework to enable candidates to provide standards-based instruction and also included instruction on working with special populations
 - Experience included the application of knowledge and skills previously acquired in a preliminary credential program, in accordance with Commission standards, that addresses health education. This experience included, but was not limited to, the study of nutrition and the physiological and sociological effects of abuse of alcohol, narcotics, and drugs and the use of tobacco. Training in cardiopulmonary resuscitation that covered infants, children, and adults was also provided.

Authorized Signature

Signature: _____

Printed Name: _____

Title: _____

Date: _____

Phone Number: _____

Email: _____