

**ILLINOIS STATE BOARD OF EDUCATION**

Educator Licensure Division  
100 North First Street, S-306  
Springfield, Illinois 62777-0001

**EVIDENCE OF COMPLETION FOR PROFESSIONAL DEVELOPMENT**

This is to certify that the undersigned has completed the professional development activity described herein and that the provider is approved by the State Superintendent of Education at the time of completion. This form serves as evidence to verify participation in this professional development activity and must be maintained for a period of six (6) years by the licensee and produced if requested as part of an audit.

**IMPORTANT: THE LICENSEE MUST ENTER THIS ACTIVITY INTO THE EDUCATOR LICENSURE INFORMATION SYSTEM (ELIS) BEFORE THE END OF HIS/HER CURRENT RENEWAL CYCLE OR FORFEIT ANY PROFESSIONAL DEVELOPMENT CREDIT FOR THIS ACTIVITY.**

NAME OF PARTICIPANT (Last, First, Middle Initial)

Enter Licensee Name

TITLE OF PROFESSIONAL DEVELOPMENT

The Midwest Clinic - International Band & Orchestra Conference

DATE(S) OF ACTIVITY

December 16-19, 2015

LOCATION (Name of Facility, City, State)

McCormick Place West - Chicago, Illinois

NAME OF APPROVED PROVIDER

The name of the approved provider will be either the licensee's school district OR an Illinois Regional Office of Education (whomever the licensee takes this form to for signature below)

REGION, COUNTY, DISTRICT, TYPE CODE

The approved provider will enter the appropriate RCDT code in this box.

NAME OF PROVIDER (If authorized by the approved provider)

The Midwest Clinic - International Band & Orchestra Conference

NAME OF PRESENTER

Multiple Presenters

NUMBER OF PROFESSIONAL DEVELOPMENT HOURS

Total number of session attendance hours at The Midwest Clinic. An official completion document will be sent via email to each registrant in early January. The licensee should SAVE the document as official confirmation of their session attendance should ISBE ever audit their license.

Signature of the approved provider's representative at the licensee's school district or an Illinois Regional Office of Education. NOTE: The approved provider and representative must be at the same location (i.e. don't have it signed by the school district and then list the ROE as the approved provider).

Signature of Approved Provider's Representative

Date

Licensee Signature

Signature of Participant

Date