

# KANNAPOLIS CITY SCHOOLS

## Participant List for Staff Renewal Credit

Date \_\_\_\_\_

Staff Development Title \_\_\_\_\_

Location of Activity \_\_\_\_\_

Instructor \_\_\_\_\_

Date Began \_\_\_\_\_ Date Ended \_\_\_\_\_

Attendance and credit certified by \_\_\_\_\_ / \_\_\_\_\_  
Signature Title

| Name of Participant | Certified |    | Units<br>Credit | Eval.<br>Form |
|---------------------|-----------|----|-----------------|---------------|
|                     | Yes       | No |                 |               |
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List of participants and credit due should be completed and returned to Human Resources at the end of course.