

**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 THE ACTIVITY INTO THE EDUCATOR LICENSURE INFORMATION SYSTEM (ELIS) WITHIN 60 DAYS OF THE EVENT OR FORFEIT ANY RENEWAL CREDIT FOR THIS ACTIVITY.**

NAME OF PARTICIPANT (Last, First, Middle Initial)

TITLE OF PROFESSIONAL DEVELOPMENT

Galesburg Educators' Institute 2014

DATE(S) OF ACTIVITY

10/10/2014

LOCATION (Name of Facility, City, State)

Galesburg High School, Galesburg, Illinois

NAME OF APPROVED PROVIDER

Galesburg CUSD #205 (Provider # 100568)

NAME OF PROVIDER (If authorized by the approved provider)

NAME OF PRESENTER

Kim Bearden, Keynote Presenter

NUMBER OF PROFESSIONAL DEVELOPMENT HOURS

5.0 CPDUs (5.0 Professional Development Contact Hours)

  
Signature of Approved Provider's Representative

10/10/2014

Date

Signature of Participant

Date