

## DISTRICT PROVIDED PROFESSIONAL DEVELOPMENT FORM

This form is to verify District Provided Professional Development (DPPD) hours to be used for recertification accrued prior to July 1, 2020. DPPD hours accrued after July 1, 2020 need to be entered as State Continuing Education Clock Hours (SCECHs). For more resources and information about the new DPPD reporting process, please view our [New DPPD Reporting Process Resources](#) webpage.

Full instructions to accurately complete this form for Educators can be found in the [Logging into MOECS](#) guidance document. Districts may refer to the [DPPD Instructions – School District/Employer Guidance](#) for more information. For faster processing, the DPPD form should be completed and scanned (or photographed with a smartphone) and emailed to [MDE-EducatorHelp@Michigan.gov](mailto:MDE-EducatorHelp@Michigan.gov).

### To be completed by the Educator:

*Advisory: [MCL 380.1809 \(4\)](#) In addition to any other penalty provided by law, a person who uses or attempts to use a college or university transcript or a certificate or other credential that he or she knows is fraudulently obtained, altered, or forged, or who uses or attempts to use as his or her own a college or university transcript or a certificate or other credential that he or she knows is that of another person, to obtain a teaching certificate, school administrator's certificate, or state board approval in this state is guilty of a misdemeanor.*

Teacher PIC or SSN: \_\_\_\_\_ School Years (1 or more): 20\_\_\_\_ - 20 \_\_\_\_

Name of Teacher: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

School/District Where Employed: \_\_\_\_\_

Signature of Teacher: \_\_\_\_\_ Date: \_\_\_\_\_

### To be completed by the Principal or School District Designee:

By my signature, I verify:

1. These DPPD hours were provided by this school/district, as required by [MCL 380.1527](#).
2. The educator has completed DPPD hours for the years listed above totaling: \_\_\_\_\_
3. The school/district maintains sufficient documentation of each DPPD activity for auditing.
4. Each DPPD activity is appropriate to the grade level and content endorsement(s) of this educator's certificate and was completed with this school/district's approval.
5. I have initialed each page of the attached list of DPPD hours.

Principal/School Designee Name \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_