



ACTIVITY DOCUMENTATION FORM

Account or Member # _____

National Association of School Psychologists
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INSTRUCTIONS: This form is used to document CPD activities as outlined in the *Summary of CPD Credit Allowances and Ceilings* table. A separate form must be used for each activity.

Name _____ Certification # _____

Preferred Phone _____ E-mail _____

Title of Activity _____

Date(s) of Activity _____ Sponsor _____

Description of Activity _____

Type of Activity _____

Actual Number of Clock Hours of Participation _____

CPD Credits Earned (See *Summary of CPD Credit Allowances and Ceilings* table) _____

Supervisor Signature (if required) _____

I affirm that this activity merits CPD credit in that it meets the following criteria:

- 1. This activity enhanced my professional skills and/or added to my knowledge base.
- 2. This activity was relevant to the professional practice of school psychology.
- 3. This activity is within my personal plan for continuing professional development.
- 4. This activity exceeded the ordinary aspects of my employment.

The activities reported on this form reflect actual activities in which I participated. I understand that falsification of this information is an ethical violation and may result in my being ineligible for future certification, and/or legal actions may be taken against me.

Signature _____ Date _____

Reproduce This Form as Needed and Retain for Your Records