

EDUCATOR EFFECTIVENESS DEPARTMENT

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 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) BY AUGUST 31 OF THE LICENSE RENEWAL YEAR. LICENSEES RETAIN THIS FORM FOR SIX YEARS FOR AUDITING PURPOSES. DO NOT SUBMIT THE FORM TO ISBE UNLESS THE AGENCY REQUESTS YOU TO DO SO.

LEGAL NAME OF PARTICIPANT (Last, First, Middle Initial)	AFFIRMED NAME OF PARTICIPANT (if applicable) (Last, First, Middle Initial)
TITLE OF PROFESSIONAL DEVELOPMENT	IEIN
DATE(S) OF ACTIVITY	
NAME OF APPROVED PROVIDER (Enter in ELIS)	REGION, COUNTY, DISTRICT, TYPE (RCDT) CODE (Form is invalid without a state-approved provider RCDT code)
NAME OF THIRD-PARTY PRESENTER/ORGANIZATION AUTHORIZED BY A STATE-APPROVED PROVIDER ABOVE (If used)	
NAME OF PRESENTER(S) (Do not enter into ELIS)	
NUMBER OF PROFESSIONAL DEVELOPMENT HOURS AWARDED	

IS THIS ACTIVITY A STATE-MANDATED TRAINING? YES NO **If you answered "yes," place a check mark next to the corresponding training listed on the chart below.**

State-Mandate Training Checklist

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Anaphylactic Reactions & Mgmt. <input type="checkbox"/> Asbestos Mgmt. & Abatement <input type="checkbox"/> Asthma Management <input type="checkbox"/> Automated External Defibrillator <input type="checkbox"/> Bloodborne Pathogens <input type="checkbox"/> Bullying Prevention* <input type="checkbox"/> Care of Students with Diabetes <input type="checkbox"/> Concussions & Head Injuries <input type="checkbox"/> Cultural Competency <input type="checkbox"/> Educator Ethics <input type="checkbox"/> Educator Evaluator | <ul style="list-style-type: none"> <input type="checkbox"/> Educator Evaluator (Board) <input type="checkbox"/> Ensuring Success in Schools <input type="checkbox"/> First Aid, Heimlich, & CPR* <input type="checkbox"/> Freedom of Information Act (FOIA) <input type="checkbox"/> Hazardous Materials Training <input type="checkbox"/> Health Conditions of Students <input type="checkbox"/> Health Conditions of Students (Life-Threatening Bleeding) <input type="checkbox"/> Identity Protection <input type="checkbox"/> Isolated Time Out/Restraint <input type="checkbox"/> Mandated Reporting of Child Abuse and Neglect |
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*Optional training

CONTINUED NEXT PAGE

State-Mandate Training Checklist *(continued)*

- | | |
|--|---|
| <input type="checkbox"/> Mental Illness, Trauma, & Suicide | <input type="checkbox"/> School Board Membership Leadership |
| <input type="checkbox"/> Non-Restaurant Food Handler | <input type="checkbox"/> School Bus Driver Training |
| <input type="checkbox"/> Nutrition Training (Civil Rights) | <input type="checkbox"/> School Student Records Act* |
| <input type="checkbox"/> Nutrition Training (General) | <input type="checkbox"/> Sexual Harassment & Discrimination |
| <input type="checkbox"/> Open Meetings Act (Board) | <input type="checkbox"/> Short-Term Sub Teacher Training |
| <input type="checkbox"/> Open Meetings Act (Other) | <input type="checkbox"/> Social-Emotional Learning |
| <input type="checkbox"/> Opioid Overdose | <input type="checkbox"/> SpEd Training for Personnel w/o License |
| <input type="checkbox"/> Pest Management Plan | <input type="checkbox"/> SpEd Training for Qualified Interpreters |
| <input type="checkbox"/> Preventing and Responding to Child Sexual Abuse | <input type="checkbox"/> Student Discipline* |
| <input type="checkbox"/> Protections and Accommodations for Students (ADA) | <input type="checkbox"/> Title IX |
| <input type="checkbox"/> Protections and Accommodations for Students
(Homelessness) | <input type="checkbox"/> Trauma-Informed Practices |
| <input type="checkbox"/> Racism-Free Schools | <input type="checkbox"/> Violence Prevention & Conflict Resolution* |

**Optional training*

Signature of Approved Provider's Representative

Date

Signature of Participant's Legal Name

Date

Signature of Participant's Affirmed Name (if applicable)

Date