FOOTHILL - DE ANZA COMMUNITY COLLEGE DISTRICT

PROFESSIONAL GROWTH AWARD
Validation of Attendance

This is verification that (Name) _____

attended a Seminar/Workshop on (topic) _____

Date _____ Place _____

The seminar/workshop was presented by (organization) _____

from _____ a.m./p.m. to _____ a.m./p.m.
Schedule (if multiple days):

Total hours: _____

_____
Signature of Certifying Official

_____
Title