

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

NOTE FOR CONFERENCES: In addition to this signed validation of attendance, please also submit the conference agenda/schedule.