



# Parents as Teachers Supervisor Recertification Form

(To be completed by the program supervisor)

**PLEASE CHECK HERE IF ANY OF THIS INFORMATION IS NEW \_\_\_\_\_**

Name \_\_\_\_\_ Program Code \_\_\_\_\_ PAT ID# \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City State Zip

Home Telephone ( ) \_\_\_\_\_ Office Telephone ( ) \_\_\_\_\_ (ext) \_\_\_\_\_

Personal email \_\_\_\_\_ Work email \_\_\_\_\_

*My signature below indicates the following requirements were completed during the \_\_\_\_\_ program year*

Ten (10) hours of professional development are required each program year for certification.

\_\_\_\_\_  
Signature

**Use the boxes to describe your Professional Development opportunities. Total clock hours should total ten (10).**

Professional Development Title:	Date(s):
Presenter's Name and credentials:	Time(s):
Professional Development Location:	Total Clock Hours:
These content areas were covered: <input type="checkbox"/> Supervision <input type="checkbox"/> Administration <input type="checkbox"/> Human Resource Development <input type="checkbox"/> Parenting <input type="checkbox"/> Early Childhood <input type="checkbox"/> Child Development <input type="checkbox"/> Other	This is how I will use the information to benefit my program and staff.

Professional Development Title:		Date(s):
Presenter's Name and credentials:		Time(s):
Professional Development Location:		Total Clock Hours:
These content areas were covered: <input type="checkbox"/> Supervision <input type="checkbox"/> Administration <input type="checkbox"/> Human Resource Development <input type="checkbox"/> Parenting <input type="checkbox"/> Early Childhood <input type="checkbox"/> Childhood Development <input type="checkbox"/> Other	This is how I will use the information to benefit my program and staff.	

Professional Development Title:		Date(s):
Presenter's Name and credentials:		Time(s):
Professional Development Location:		Total Clock Hours:
These content areas were covered: <input type="checkbox"/> Supervision <input type="checkbox"/> Administration <input type="checkbox"/> Human resource Development <input type="checkbox"/> Parenting <input type="checkbox"/> Early Childhood <input type="checkbox"/> Other	This is how I will use the information to benefit my program and staff.	

Professional Development Title:		Date(s):
Presenter's Name and credentials:		Time(s):
Professional Development Location:		Total Clock Hours:
These content areas were covered: <input type="checkbox"/> Supervision <input type="checkbox"/> Administration <input type="checkbox"/> Human Resource Development <input type="checkbox"/> Parenting <input type="checkbox"/> Early Childhood <input type="checkbox"/> Other	This is how I will use the information to benefit my program and staff.	