



# Form DPS-C Inservice Education Credit Request

**Please print.**

**(Completed by participant)**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Home Telephone Number \_\_\_\_\_

Home Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

School \_\_\_\_\_ District \_\_\_\_\_

Assignment \_\_\_\_\_

Course Title \_\_\_\_\_

Professional Development Number \_\_\_\_\_

Inservice Education Credit (Licensed/Certified)

Contact Hours \_\_\_\_\_

Semester Hours \_\_\_\_\_

*Attach \$25, payable to Denver Public Schools.*

Check # \_\_\_\_\_

Credit Card

Cash

Money Order

**Credit Card**

Visa

MasterCard

Account Number (16 digits) \_\_\_\_\_ Expiration Date \_\_\_\_\_

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

**(Completed by instructor)**

Coursework satisfactorily completed  Yes  No

Satisfactory attendance  Yes  No

Instructor Signature \_\_\_\_\_ Date \_\_\_\_\_

If you have questions, call Professional Development at 720-423-3913.

Original (White)—Professional Development Copy: Instructor submits within five days following the final session.

Duplicate (Canary)—Instructor's Copy: Retain for your records.

Triplicate (Pink)—Participant's Copy: Retain for your records. **Use for certification/license renewal.**

Quadruplicate (Gold)—Participant's Copy: Retain for your records. **Use for salary increment.**