Appendix D



McCormick County School District

**Renewal Credit Certificate of Completion**

Title of Activity/Workshop:

Provider:

Date(s) of Activity:

Location of Activity:

Objective of Activity:

Intended Audience of Activity:

Total Contact Hours: \_\_\_\_\_ Renewal Credits Earned: \_\_\_\_\_ Option #: \_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant’s Name Participant’s School/Location

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Official Signature of Renewal Credit Provider