



PROFESSIONAL DEVELOPMENT CERTIFICATION

This is to certify that _____ participated in the following approved activities that qualify toward the 125 clock-hour requirement required for re-licensure.

A copy of this certificate should be presented to the individual designated by the superintendent who has the responsibility for entering clock hours for administrators. Retired administrators must ask the district where they currently live or the district they used to serve, to enter clock hours. Private school, international school and charter school licensed administrators must send their Official BOSA Certificates *in one scanned document* to Dr. Anthony Kinkel at Anthony.Kinkel@state.mn.us for review and approval of clock hours.

When applying for re-licensure, a candidate must *first* have their certificates entered by the district into the system before submitting their application.

Organization: _____

Location of the Program: _____

Dates of Initial Program: _____

Name of the program: _____

Total number of clock hours of approved continuing education: _____

Date Issued

A handwritten signature in blue ink that reads 'Anthony G. Kinkel'. The signature is written in a cursive style with a horizontal line underneath.

Signature of Minnesota Board of School Administrators

Signature of Participant

I attest the information on this certificate is true and correct to the best of my knowledge