			Approval of Planned Activities		Verification of Completed Activities	
(11) Professional Growth Activities	(12) Goals Numbers	(13) Category (two minimum)	(14) Date Activity Approved	(15) Advisor's Initials	(16) Time Spent in Hours	(17) Advisor's Initials and Date

USE ADDITIONAL COPIES OF THIS FORM IF NECESSARY **(18) Total Hours Spent _____**

(19)
Certification of Initial Plan. I certify that, to the best of my knowledge, the planned activities comply with state laws and regulations.

_____
Advisor's Name (Print or Type)

_____
Advisor's Signature

(20)
Verification by Permit Holder.
Under penalty of perjury, I certify that to the best of my knowledge, the information on this form is accurate.

_____
Permit Holder's Signature

_____
Date of Verification

(21)
Verification of Completion. I certify that I have been this permit holder's advisor, and that to the best of my knowledge, the above information is accurate.

_____
Advisor's Name (Print or Type)

_____
Advisor's Signature

_____
Name of Employing Agency

_____
Workday Telephone Number

_____
Date of Verification