



State Of California  
 California Commission On Teacher Credentialing  
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**VERIFICATION OF HOURS SPENT ON A PROFESSIONAL GROWTH ACTIVITY  
 For the Renewal of a Child Development Permit**

Title of Activity: \_\_\_\_\_

\_\_\_\_\_

Description of Activity: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Activity: \_\_\_\_\_

Number of Hours Spent on Activity: \_\_\_\_\_

Activity Leader/Presenter:

Name (print or type)	Signature	Date
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Permit Holder:

Name (print or type)	Signature	Date
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*Professional growth advisors, workshop organizers, and others may photocopy this optional form for their use.*