

CENTRAL TEXAS COLLEGE

Record of Professional Development

Form FE-1

Instructions:

- 1. Upon completion of an activity, complete this form and click the "Submit" button at the bottom of the form. The form will be sent to the Employee Training Department and you will be prompted to print a copy for your records.
- 2. After the email is sent you will be prompted to print a copy. We recommend you complete this action so you have a copy for your records.

First Name:	Last Name:			
Colleague ID:	Department Name:			
Email Address:	Faculty/Staff Status:			
Primary Location:				
Category of Activity: C	Campus Requirement	Instructional Area	PIC	
****Examples****				
Campus Requirements (2 hrs.*)	Instructional Area (6 hrs Content Area Conf Technology Trainin Methodologies/Inst	erence/Workshops g	PIC (Prof.Org/Institutional CTC Committe Faculty Senate TCCTA Professional C Community Or	erganizations
*Full-Time Faculty Only				
Activity Name:				
Sponsored By:				
Start Date: (mm/dd/yy)	Stop Date: (mm/dd/yy)	Total		Reimbursed Cost (if any):
Activity Description:				
Please answer the following, as applicable: 1. Briefly describe the PD activity 2. How will this activity affect your teaching? 3. How will this activity affect your student's success?				