



ACTIVITY DOCUMENTATION FORM

Member ID# _____

National Association of School Psychologists
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INSTRUCTIONS: This form is used to document CPD activities that do not otherwise provide documentation. A separate form must be used for each activity.

Name _____ Certification # _____

E-mail _____ Title of Activity _____

Date(s) of Activity _____ Sponsor _____

Description of Activity _____

How useful was this activity for your practice or overall professional growth? _____

How much did you learn as a result of this professional development activity? _____

Type of Activity (See [CPD Guidelines](#)) _____

Actual Number of Clock Hours of Participation _____

CPD Credits Earned (See [CPD Guidelines](#)) _____

Supervisor Signature (if required) _____

I affirm that this activity merits CPD credit in that it meets the following criteria:

1. This activity enhanced my professional skills and/or added to my knowledge base.
2. This activity was relevant to the professional practice of school psychology.
3. This activity is within my personal plan for continuing professional development.
4. This activity exceeded the ordinary aspects of my employment.

The activities reported on this form reflect actual activities in which I participated. I understand that falsification of this information is an ethical violation and may result in my being ineligible for future certification, and/or legal actions may be taken against me.

Signature _____ Date _____

Reproduce This Form as Needed and Retain for Your Records