

MANCHESTER CITY SCHOOLS

# INSERVICE VERIFICATION FORM

This letter certifies attendance at the following conference/workshop:

**TITLE:** \_\_\_\_\_

**LOCATION:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**TIME:** \_\_\_\_\_

**SPEAKER:** \_\_\_\_\_

Participation in this conference has been approved for inservice credit by the Tennessee State Department of Education. It is the responsibility of the individual educator to present this letter to the Director of Instruction of the Manchester City Schools in order to receive inservice credit. **\*\* Note \*\* Please attach a copy of the program or agends.**

**Name:** \_\_\_\_\_

**Print**

**Credit Earned:** \_\_\_\_\_ / \_\_\_\_\_

**Hours**

**Days**

**Signatures:** \_\_\_\_\_

**Attendee**

\_\_\_\_\_  
**Director of Instruction**