



**Utah Career Ladder
Professional Activity Documentation Form**

Applicant Name:

Professional Activity:

Date Range of Activity:

Total Hours/Units:

To Be Completed By Applicant

Please describe the professional activity, your involvement with it, detailed account of the time accounted for and any other pertinent information. Attach supporting documentation such as meeting agendas, programs, detailed description of projects completed, etc. with this form. One form to be completed with each activity.

How did you implement what you learned in your program or facility?

Applicant's Signature: _____

Verified by: _____ Role: _____
(Please print name)

Signature of verifier: _____

Please mail or email this completed form to:
Bobbi Crabtree
Statewide Coordinator for Professional Development
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