

College of Southern Maryland  
Part-Time Faculty Certification Program

**Record of Professional Service and Development Activities**

*Please complete the information and return a copy of this form to:*

*Sue Subocz, Interim Director  
Innovative Teaching Center (ITC)  
8730 Mitchell Road, PO Box 910  
La Plata, MD 20646  
[SSubocz@csmd.edu](mailto:SSubocz@csmd.edu)*

**Today's Date:** \_\_\_\_\_ **Semester:** \_\_\_\_\_

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

**Department:** \_\_\_\_\_

NAME OF ACTIVITY	DATE OF ACTIVITY	TRAINING OR SERVICE?	HOURS CLAIMED

*I certify that the information above is correct and I have participated in the activity described above for the number of hours stated.*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*