Ozarks Technical Community College
Professional Development - Faculty
2019-2020

Name:

Fill in the number of hours completed
(partial hours can be entered - ie. 1.25, 1.5)

Date of Activity	Activity	Professional Improvement	College / Academic Involvement	Community Involvement	Total
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
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					0.00
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					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00

2019-2020 Professional Development Totals	0.00	0.00	0.00	0.00

Please save this document to a secure place where you can access it throughout the year.
This form should be submitted to your supervisor at evaluation time.