

## Early Steps Infant Toddler Developmental Specialist

### Continuing Education Credits or In-Service Hours

*(Attach to ITDS Recertification Form)*

ITDS Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_ Local Early Steps: \_\_\_\_\_

<b>Required information to document CEUs or In-Service Hours</b>	
Course Title and Nature of Activity (live, conference, on-line training, etc.)	
Name of Speaker/Lecturer	
Sponsoring Agency or Organization	
Course/Lecture Description AND Objectives	
Program Date	
Location	
Number of Hours	
ATTACH ALL CERTIFICATES OF COMPLETION OR OTHER DOCUMENTATION	
Course Title and Nature of Activity (live, conference, on-line training, etc.)	
Name of Speaker/Lecturer	
Sponsoring Agency or Organization	

Course/Lecture Description AND Objectives	
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Location	
Number of Hours	
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Add additional pages if necessary

Total Number of CEUs for Year \_\_\_\_\_

Total Number of In-Service Hours for Year \_\_\_\_\_