

**Verification of Hours  
BTSA Induction Support Provider Year  
2015-2016**

Participant's Last Name: \_\_\_\_\_ First Name \_\_\_\_\_

Maiden Name \_\_\_\_\_ District: \_\_\_\_\_

Total Number Contact Hours \_\_\_\_\_ (Need a minimum of 45 hours)

**Please list specific topics, dates and hours of professional development sessions attended related to the BTSA/Induction Program. This should be an individual list, printed with all signatures, and brought to the seminar.**

Topic	Date	Hours

**Please list topics, dates, and number of hours spent in meetings with Participating Teacher. *This should be an individual list.***

Topic	Date	Hours

\_\_\_\_\_  
Signature (Participating Teacher)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Support Provider)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (BTSA District/Consortium Director)

\_\_\_\_\_  
Date