**School District Professional Development Attendance Form**

Please use this form to provide attendance data for any school district personnel who are required by child care licensing regulations to complete annual professional development. This information will be entered into each individual’s Bright Futures Information System (BFIS) quality credentialing account. Please feel welcome to contact Northern Lights with any questions: <https://northernlightsccv.org/about-us/contact-us/>

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| Professional Development Title |  |
| Professional Development Date |  |
| School District Name |  |
| Person Completing this Form |  |

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| --- | --- | --- | --- |
| Full Name[[1]](#footnote-1) | BFIS #[[2]](#footnote-2) | Mailing Address[[3]](#footnote-3) | Place of Employment (if other than the district listed above)[[4]](#footnote-4) |
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1. Please include the training participant’s full, legal name. [↑](#footnote-ref-1)
2. This number is the Bright Futures Information System Quality Credentialing ID. If the participant does not know their BFIS number, you can leave this field blank. [↑](#footnote-ref-2)
3. This information is used to match this individual to their Bright Futures Information System Quality Credentialing record in the Child Development Division’s workforce registry. There are many individuals with the same or similar names and this helps ensure we add this training to the correct individual’s record. [↑](#footnote-ref-3)
4. If any participants are employed by private programs or other organizations, please include their place of employment in this field. If the individual works for the school listed at the top of this page, you can leave this field blank. [↑](#footnote-ref-4)