

**ILLINOIS STATE BOARD OF EDUCATION**

Educator Licensure Division  
100 North First Street, S-306  
Springfield, Illinois 62777-0001

**EVIDENCE OF COMPLETION FOR PROFESSIONAL DEVELOPMENT**

This is to certify that the undersigned has completed the professional development activity described herein and that the provider is approved by the State Superintendent of Education at the time of completion. This form serves as evidence to verify participation in this professional development activity and must be maintained for a period of six (6) years by the licensee and produced if requested as part of an audit.

**IMPORTANT: THE LICENSEE MUST ENTER THIS ACTIVITY INTO THE EDUCATOR LICENSURE INFORMATION SYSTEM (ELIS) BEFORE THE END OF HIS/HER CURRENT RENEWAL CYCLE OR FORFEIT ANY PROFESSIONAL DEVELOPMENT CREDIT FOR THIS ACTIVITY.**

NAME OF PARTICIPANT (Last, First, Middle Initial)

TITLE OF PROFESSIONAL DEVELOPMENT

Illinois Speech-Language-Hearing Association 63rd Annual Hybrid Convention

DATE(S) OF ACTIVITY

Live/In-Person Convention: February 3-4, 2023; Virtual/On-Demand Convention: February 6-28, 2023

LOCATION

Donald E. Stephens Convention Center - Rosemont, IL; Virtual/On-Demand

NAME OF APPROVED PROVIDER

Illinois Speech-Language-Hearing Association

REGION, COUNTY, DISTRICT, TYPE CODE

NAME OF PROVIDER (If authorized by the approved provider)

Illinois Speech-Language-Hearing Association

NAME OF PRESENTER

NUMBER OF PROFESSIONAL DEVELOPMENT HOURS



Signature of Approved Provider's Representative

February 3, 2023

Date

Signature of Participant

Date