

# Professional Development/ Work Experience Form



Name: \_\_\_\_\_

## Professional Development

Organization Conducting Program	Dates Attended	Title of Session	Length of Program (Hours)	Credits earned (if applicable)	What MIEM SAPC class would this replace?

## Work Experience

Please include place and dates of employment, along with job title and responsibilities and the MIEM SAPC class(es) this experience would replace:

1.

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2.

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*(Please submit a legible copy with supporting documentation to verify participation, attendance, or employment. Attach additional sheets if necessary.)*