

**Carteret County Public Schools – Professional Learning Roster**

Course Title: \_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_ Time: \_\_\_\_\_ Total CEUS: \_\_\_\_\_

**Professional Learning Type: (mark one)**

\_\_\_ Literacy \_\_\_ Content \_\_\_ Executive \_\_\_ General \_\_\_ Other: \_\_\_\_\_

Print Legal Name	Sign/Initials	School	Last 4 of SSN	Role
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This certifies the above members participated in the professional learning mentioned above.

Signature of Facilitator: \_\_\_\_\_ Date: \_\_\_\_\_