

Early Steps Infant Toddler Developmental Specialist

Continuing Education Credits or In-Service Hours

(Attach to ITDS Recertification Form)

ITDS Name: _____ Telephone No.: _____ Local Early Steps: _____

Required information to document CEUs or In-Service Hours	
Course Title and Nature of Activity (live, conference, on-line training, etc.)	
Name of Speaker/Lecturer	
Sponsoring Agency or Organization	
Course/Lecture Description AND Objectives	
Program Date	
Location	
Number of Hours	
ATTACH ALL CERTIFICATES OF COMPLETION OR OTHER DOCUMENTATION	
Course Title and Nature of Activity (live, conference, on-line training, etc.)	
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Sponsoring Agency or-Organization	

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Add additional pages if necessary

Total Number of CEUs for Year _____

Total Number of In-Service Hours for Year _____