

# NAGC PROFESSIONAL DEVELOPMENT NETWORK AWARD

## VERIFICATION OF PROGRAM DELIVERY

The annual NAGC Professional Development Award recognizes an individual(s), institution, or organization for planning and implementing sustained professional development for educators/service providers in the P-K – 12 gifted education community, or for educators and service providers in higher education focused on gifted/talented education.

The application may relate to any age level within the gifted “education” context and may address any specific content area, have an interdisciplinary or multidisciplinary focus, and/or emphasize social emotional needs of gifted learners. Submissions that support content, pedagogical strategies, and/or affective curriculum to enhance the education of gifted/talented students are encouraged.

PD Program Title \_\_\_\_\_

PD Program Location(s) \_\_\_\_\_

PD Program Audience \_\_\_\_\_

Program Start Date \_\_\_\_\_ End Date (if applicable) \_\_\_\_\_

Applicant (contact person) \_\_\_\_\_  
(First Name) (Last Name)

Applicant Position/Title \_\_\_\_\_

Telephone (office) \_\_\_\_\_ Telephone (other) \_\_\_\_\_

email \_\_\_\_\_ FAX \_\_\_\_\_

Full name(s) of those who delivered the PD Program (list up to four individuals)  
\_\_\_\_\_  
\_\_\_\_\_



*With my signature, I verify that the above-named professional development program was provided to the audience indicated. I am the appropriate administrator to verify program delivery:*

\_\_\_\_\_  
(Signature)

Name of Administrator \_\_\_\_\_  
(First Name) (Middle Initial) (Last Name)

Position/Title \_\_\_\_\_

Telephone (office) \_\_\_\_\_ Telephone (other) \_\_\_\_\_

email \_\_\_\_\_ FAX \_\_\_\_\_