# PROFESSIONAL DEVELOPMENT PARTICIPATION LOG

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| **Training Name:** Active Supervision Team Training | |
| **Date:** | **Training Hours:** 2 hour |
| **Service Area Addressed:** Safety | **Format:** Self-paced (video, PPT, recording) |
| **Training Level:** Cluster | **Credit Type:** Professional |
| **Location Type:** On-site (In-person) | **Location Note:** |
| **Training Notes:** | |

**Training Level Descriptors:**

**Cluster:** Similar roles from different geographic areas (COPs) **Local:** Community-based (GSQ Resource Center)

**Formal:** College classes, technical school, etc. (CDA classes) **National:** Nationwide (NAEYC, NHSA)

**Interagency:** Different roles w/in the same organization **Regional:** Region-based (HS Region V)

(PD offered to all staff regardless of dept.) **State:** State-level (MiAEYC, MiRegistry)

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| **Staff Name(s)** | **Center** | **Position** | **Email** |
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**Distribution:** Original to Kristin Ruckle (kruckle@nmcaa.net); Copy to Supervisor