#  NMCAA PROFESSIONAL DEVELOPMENT ATTENDANCE SHEET

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| **Training Title:**  | **Training Presenter:**  |

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| **Location:**  | **Date:**  | **Hours:**  |

**Please select ONE from each of the following:

Agency Program:** Select the program in which you work. (select “all” if multiple attendees from different programs)

**Training Area:** Select one training area.

*\*\*\* Pick the area most reflective of the professional development opportunity.*

**Training Level:** Select one training level.

**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)

**Training Type:** Select one training type.

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| **Staff Name(s)** | **Center** | **Position** | **Email** |
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