

# Northeastern Illinois University

OFFICE OF COMMUNITY  
AND PROFESSIONAL EDUCATION

*hereby awards*

*Sample Student Name*

*this*

**CERTIFICATE OF PROGRAM COMPLETION**  
*for fulfilling the requirements of the Continuing Education Program in*

*Growth Mindset In The Gifted Classroom*

*45 ISBE Clock Hours*

*6/25/2021*

*Christie Miller*

**Christie Miller, Director**  
Office of Community and  
Professional Education (CAPE)



# Illinois State Board of Education

100 North First Street, E-240  
Springfield, Illinois 62777-0001

## EVIDENCE OF COMPLETION FOR PROFESSIONAL DEVELOPMENT

### EDUCATOR EFFECTIVENESS DEPARTMENT

This is to certify that the undersigned has completed the professional development activity described herein and that the provider is approved by the State Superintendent of Education at the time of completion. This form serves as evidence to verify participation in this professional development activity and must be maintained for a period of six (6) years by the licensee and produced if requested as part of an audit.

**IMPORTANT: THE LICENSEE MUST ENTER THE ACTIVITY INTO THE EDUCATOR LICENSURE INFORMATION SYSTEM (ELIS) BY AUGUST 31 OF THE LICENSE RENEWAL YEAR. LICENSEES RETAIN THIS FORM FOR SIX (6) YEARS FOR AUDITING PURPOSES. DO NOT SUBMIT THE FORM TO ISBE UNLESS REQUESTED BY ISBE.**

NAME OF PARTICIPANT (Last, First, Middle Initial) <b>Sample First, Sample Last, S</b>	IEIN <b>XXXXXX</b>
TITLE OF PROFESSIONAL DEVELOPMENT <b>Growth Mindset In The Gifted Classroom</b>	
DATE(S) OF ACTIVITY <b>6/25/2021</b>	
NAME OF APPROVED PROVIDER (Enter in ELIS) <b>Northeastern Illinois University</b>	REGION, COUNTY, DISTRICT, TYPE (RCDT) CODE (form is invalid without an Illinois State-approved provider RCDT code) <b>150165405510000</b>
NAME OF THIRD-PARTY PRESENTER/ORGANIZATION AUTHORIZED BY THE ILLINOIS STATE-APPROVED PROVIDER ABOVE (If used) <b>Model Teaching Professional Development Courses</b>	
NAME OF PRESENTER(S) (Do not enter into ELIS) <b>Shayna Pond</b>	
NUMBER OF PROFESSIONAL DEVELOPMENT HOURS AWARDED <b>45</b>	

*Christie Miller*

\_\_\_\_\_  
Signature of Approved Provider's Representative

**6/25/2021**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date