



MILAN HIGH SCHOOL

609 NORTH WARPATH DRIVE

MILAN, INDIANA 47031

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Paul Ketcham
Principal

PARTICIPANT'S OFFICIAL CERTIFICATE OF EARNED PROFESSIONAL GROWTH POINTS (PGP's)

Participant's Name: _____

Social Security Number: _____

Birthdate: _____

Hours/ PGP's Earned: _____

Program: List Name, Description, Location

Sponsor: _____

Participant's Signature

Date

Administrator's Signature

Date

Participant: Retain this certificate for your files.
Print, sign, date, and submit this certificate with your license renewal application.