

CULTURAL COMPETENCY PROFESSIONAL DEVELOPMENT CCPD 'CREDIT BY ATTENDANCE' FORM

Employee: _____ L# _____

Title: _____ Work Group: _____

Department: _____ Schedule: _____

Supervisor: _____ Hours Claimed: _____

Manager: _____ Dean: _____

Division: _____

Activity (please check all that apply, **attach documentation for CCPD evaluator**):

- | | |
|--|--|
| <input type="checkbox"/> Workshop | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Conference | <input type="checkbox"/> Leadership Position |
| <input type="checkbox"/> Retreat | <input type="checkbox"/> Equity Lens Team Activity |
| <input type="checkbox"/> Webinar | <input type="checkbox"/> Onboarding Process (New) |
| <input type="checkbox"/> Safe College Module | <input type="checkbox"/> Volunteer Activity |
| <input type="checkbox"/> Sabbatical | <input type="checkbox"/> Other _____ |

Training Title: _____

Organization: _____

Training Location: _____

Date(s) & Hours of Attendance: _____

Reflection: _____

Please return this form to the Office of Equity and Inclusion;
scan and email to equity@lanecc.edu or send by inter-office mail.

Employee: _____ Date: _____

Supervisor: _____ Date: _____

Evaluator: _____ Decision: _____

To request this information in an alternate format please contact the Center for
Accessible Resources at (541) 463-5150 or accessibleresources@lanecc.edu