



PROFESSIONAL DEVELOPMENT CERTIFICATION

This is to certify that _____ participated in the approved professional development activities listed below.

Two copies of this certificate are to be issued to each person upon completion of the program. At the time a person is filing for renewal, they should retain one copy of each certificate of completion and forward the second copy to the MDE, Educator Licensing. Completion Certificates are **NOT** to be forwarded to the MDE, Educator Licensing and Teacher Quality Section **until** the applicant is renewing a license.

When applying for re-licensure, a renewal application should be forwarded together with certificates of approved program completion which total the required number of clock hours and any other needed materials.

Organization: **Resilience Impact, LLC Educator Resilience Summit**

Location of the Program: educatorresilience.online

Dates of Initial Program: August 3 - 4, 2020

Name of the program Educator Resilience Summit

Total number of clock hours of approved continuing education: **8 total clock hours**

Denise Moody

August 4, 2020

Signature of Program Initiator
I attest the information on this certificate is true

Date Issued

Anthony G. Kinbal

Signature of Minnesota Board of School Administrators

Signature of Participant
I attest the information on this certificate is true and correct to the best of my knowledge