

**Notification of Professional Development (including self-directed)  
VESTA (AE) Members**

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Centre: \_\_\_\_\_

Title of Professional Development (or description if self-directed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Professional Development: \_\_\_\_\_

Time of Professional Development: \_\_\_\_\_

Location of Professional Development: \_\_\_\_\_

Cost of Professional Development (if applicable): \_\_\_\_\_

(You may attach extra information re: conference fees, hours needed for an EOC, etc.)

**Note:** Member is responsible for requesting an EOC, if applicable, using the EOC request call-in line. Please provide two weeks notice before your pro-d activity, if possible, to the pro d committee.

**Complete and return to your centre's Professional Development Committee**

Received by Professional Development Committee: (signature/date)

Received by Principal from Professional Development Committee (signature/date)