

# WA State GEAR UP Professional Development Participation Log



**Directions:** Attendees are required to sign in for ALL professional development events. Use this form to document participation in all professional development events and enter participation in the WSAC Portal Database. The form must be accurate and legible.

**Name of Activity:** \_\_\_\_\_ **Supervised by:** \_\_\_\_\_

**Date of Activity:** \_\_\_\_\_ **Time of Activity:** \_\_\_\_\_ to \_\_\_\_\_

	Attendee Name (PRINT)	Position	Attendee Signature
1.			
2.			
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19.			
20.			

I certify that the above attendees participated in this activity.

**GU Advisor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

11/1/24

*Attach additional pages if necessary.*