

**VERIFICATION OF
EXTENDED PROFESSIONAL DEVELOPMENT PROGRAM ELIGIBILITY**

Name of Applicant _____

Title _____

**Service date as regular, full-time professional employee at Oklahoma City
Community College** _____

Dates of any previous Extended Professional Development Programs (if applicable)

Signature of Applicant

Date

_____ **Applicant will have completed seven years of regular, full-time professional
service at Oklahoma City Community College prior to beginning the program.**

_____ **Applicant will not have completed seven years of regular, full-time
professional service at Oklahoma City Community College prior to beginning the
program.**

**How long since applicant completed most recent Extended Professional
Development Program (if applicable)?** _____

Signature of Human Resources Representative

Date

Name of Human Resources Representative