



Center for Professional Development
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Fax: 559-453-2006
profdev@fresno.edu
www.fresno.edu/cpd

Application for Technology Skills Certificate

SS# _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone# _____ Email _____

List courses completed:

Cluster #:	Course #:	Course Name:	Date Completed:
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Upon confirmation of satisfactory completion of the above courses, a letter acknowledging this accomplishment will be sent to your principal or superintendent, and you will receive a Technology Skills Certificate and copy of the letter sent to your designee. (Please provide the following information for the person to whom we will send the letter.)

Name _____ Title _____

School or District Office _____

Mailing Address or Post Office Box: _____

City _____ State _____ Zip _____

Return completed form to Sylvia Schultz, c/o Center for Professional Development

Box 2009, 1717 S. Chestnut, Fresno, CA 93702
sschultz@fresno.edu