An external course is a professional development alternative that can be completed by a current Broward County Public Schools employee while employed in their current school, when there are no other established activities or learning opportunities found in the Broward County Public School’s professional development options. It is highly recommended that instructional personnel always verify with the Certification Department what is acceptable for recertification. Instructional personnel may earn a maximum of sixty (60) inservice points for external professional development activities within his/her validity period (five years). Personnel that do not need to recertify may also wish to have external courses added to their transcript as a way to log their professional learning experiences.

An external course:
- qualifies as a single topic of study offered by a reputable organization or institution that is not part of the School Board of Broward County,
- is based upon a designed focus of study that is aligned with the School Improvement Plan or Department/District Strategic Plan and the individual’s Growth Plan/Deliberate Practice,
- must be implemented through job-embedded use of new knowledge, skills and or behaviors,
- provides a Certificate of Completion (evidence of completion) to the participant,

The following activities DO NOT qualify as external courses:
- Attending meetings
- Attending or presenting informational sessions
- Attending lectures
- Attending activities designed for personal improvement
- Administering / scoring / screening tests for students or teachers
- Chaperoning activities involving students
- Completing grants/Requests for Proposals (RFP’s) /Growth Plan/Deliberate Practice/Accreditation
- Evaluating textbooks
- Travel
- Serving on/attending bargaining agency meetings or district councils, committees, or advisory boards
- Writing curriculum guides/instructional materials/lesson plans outside of a PLC/School Improvement Plans
- Attending activities that do not incorporate all of the standards of quality professional development
- Attending Open Labs for technology support in isolation of professional learning activity
- College Courses. For further information on obtaining credit for college courses contact the Certification Department

Prior to beginning an EXTERNAL COURSE (Professional Development activity)

1. Choose an external course with learning objectives aligned with your Growth Plan/Deliberate Practice Plan and your School’s Improvement Plan or Department/District’s Strategic Plan, and directly related to student needs/job performance.
2. Choose an external course that has a job-embedded component to be implemented and observed by a supervising administrator.
3. Plan and organize evidence of impact on student achievement.
4. Complete the REQUEST FOR EXTERNAL COURSE form.
   a. Meet with your supervising administrator to obtain signature of approval prior to registering for (and upon completing) the learning experience.
   b. Keep a copy of your REQUEST FOR EXTERNAL COURSE for future reference.

**During** the EXTERNAL COURSE (Professional Development activity)

1. Attend all sessions and complete all assigned coursework as mandated by the learning activity designer.
2. Document all course learning activities on the LEARNING ACTIVITIES LOG - EXTERNAL COURSE form.
3. Apply new learning and skills in your classroom or at your worksite, and document the job-embedded implementation on the IMPLEMENTATION LOG - EXTERNAL COURSE form.
4. Monitor and document impact of implementation on student achievement on the EVALUATION OF IMPACT OF EXTERNAL COURSE form.
5. Retain all documents to submit with EXTERNAL COURSE FORM APPLICATION.

**After** the EXTERNAL COURSE (Professional Development activity)

1. Obtain the following from the organization or institution that offered the course.
   a. Certificate (evidence) of Completion displaying the name of the institution that provided the learning, the participant name, the beginning and end date for the learning, and number of hours participant was engaged in active learning.
   b. Documentation of course learning requirements, i.e. syllabus, agenda, assignment log, etc.
   c. Must be submitted with EXTERNAL COURSE CREDIT VERIFICATION form
2. Review and complete LEARNING ACTIVITIES LOG – EXTERNAL COURSE form.
3. Apply new learning and skills in your classroom or at your worksite and complete the IMPLEMENTATION LOG – EXTERNAL COURSE form.
4. Review and complete evidence of impact on student achievement on the EVALUATION OF IMPACT OF EXTERNAL COURSE form.
5. Retain all completed documents to submit with EXTERNAL COURSE FORM APPLICATION.
6. Meet with the supervising administrator who approved your participation in the EXTERNAL COURSE to review completed documentation and complete the EXTERNAL COURSE CREDIT VERIFICATION form.
7. Review and validate the following *originals* for final submission
   - REQUEST FOR EXTERNAL COURSE form
   - LEARNING ACTIVITIES LOG - EXTERNAL COURSE
   - IMPLEMENTATION LOG - EXTERNAL COURSE
   - EVALUATION of IMPACT - EXTERNAL COURSE
   - EXTERNAL COURSE CREDIT VERIFICATION form
8. Submit all original documentation to Professional Development Standards and Support (PDSS) via:
   a. US Mail to PDSS, Attention: External Course Form, 3531 Davie Road, Davie, FL 33314
   b. Pony to PDSS, Building B, Attention: External Course Form
   c. Drop off at PDSS, 3531 Davie Road, Davie FL 33314
9. E-mail browardmlp@browardschools.com for assistance.
Parameters for receiving inservice credit for an EXTERNAL COURSE

1. Complete application including all required evidence and submit to Professional Development Standards and Support (PDSS) within 12 months of the completion date listed on the External Course Certificate of Completion (evidence).

2. Original forms will be returned to participant with status indicated.
   a. If credit is denied, reasons will be indicated.
   b. If credit is approved, PDSS will process the credit and it will appear on the individual’s inservice report within 10 days of processing.
   c. It is the responsibility of the individual to verify credit appears on the inservice report within one year of the end date of the EXTERNAL COURSE.
REQUEST FOR EXTERNAL COURSE

Participant Name ___________________________ Personnel number _____________________

Title of External Course: _____________________________________________________________

Course Offered by: __________________________________________________________________

Start Date ___________________________ End Date ___________________________ Hours in learning ______________________

1. Choose one Area of Focus (check one box):

☐ Assessment/Data Analysis
☐ Florida State Standards/Writing
☐ Classroom Management
☐ Florida State Standards/Science
☐ Family Involvement
☐ Florida State Standards/Social Studies
☐ School Safety
☐ Florida State Standards/Other
☐ Florida State Standards/Math
☐ Teaching Methods/Strategies
☐ Florida State Standards/Reading
☐ Technology
☐ Federal/State Requirement
☐ Job Performance
☐ Other

2. Course Description: __________________________________________________________________
__________________________________________________________________________________

3. Course Objectives: __________________________________________________________________
__________________________________________________________________________________

4. Describe how this course is aligned with the individual’s School Improvement Plan or Department Strategic Plan and Growth Plan/Deliberate Practice.

__________________________________________________________________________________
__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________
The EXTERNAL COURSE requested is professional development directly related to my School Improvement Plan or Department/District Strategic Plan and Growth Plan/Deliberate Practice. I agree to fulfill all EXTERNAL COURSE Form Application requirements as outlined in the EXTERNAL COURSE Form Application to qualify for inservice credit.

Participant Name _______________________________ Personnel Number _______________________________

Location Number _______________________________

_____________________________________________ ________________
Participant’s Signature Date

To be completed by Supervising Administrator prior to start date of EXTERNAL COURSE

I approve the above EXTERNAL COURSE for the participant’s professional growth and will monitor implementation of new strategies and skills in the classroom/workplace and support the monitoring of impact on student achievement as needed.

I approve the learning provided by the organization or institution listed above.

Job Title of Supervising Administrator _______________________________________________________________

Current Supervising Administrator Name ___________________________________________________________

_____________________________________________ ________________
Supervising Administrator Signature Date
List specific activities conducted during the EXTERNAL COURSE as shown in the example below. Please note:

a. Time equaling one clock hour is equivalent to one inservice point.
b. Must meet a minimum total duration of 3 hours in learning and 1 hour of follow-up implementation.
c. Must adhere to a maximum duration of 6 hours in learning and 2 hours of follow-up per day.
d. Total hours of learning inclusive of implementation hours CANNOT exceed 60 hours per activity.

<table>
<thead>
<tr>
<th>Date</th>
<th>Learning Activity Description</th>
<th>Location</th>
<th>Begin Time</th>
<th>End Time</th>
<th>Time on Task (hrs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example</td>
<td>Data logging for middle school science teachers using the Constructivist Theory</td>
<td>ValTech Electronics Lab</td>
<td>8:00 am</td>
<td>11:00 am</td>
<td>3hrs</td>
</tr>
</tbody>
</table>

Learning Activities Log Total Hours
Whole Numbers ONLY

Duplicate page as needed
Document job-embedded use of new knowledge and skills including coaching and feedback. Please note: The ratio of hours in learning to hours of implementation activities is 3:1.

<table>
<thead>
<tr>
<th>Date</th>
<th>Description of Implementation Evidence</th>
<th>Name of Observer/Facilitator/Coach</th>
<th>Begin Time</th>
<th>End Time</th>
<th>Time on Task</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example 3/3/10</td>
<td>Created and implemented 5th grade science lesson using data loggers aligned with the Constructivist Theory to 2nd period Life Science class.</td>
<td>Science Lab Facilitator</td>
<td>10:00am</td>
<td>11:00am</td>
<td>1hr</td>
</tr>
</tbody>
</table>

Implementation Log Total Hours

Learning Activities Log Total Hours

Add Implementation Log & Learning Activities Log Total Hours

Whole Numbers ONLY

Duplicate page as needed
1. Based on the specific objectives of this EXTERNAL COURSE, describe the impact this course has had on student achievement.

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

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2. Provide data to support the impact described above. Include evidence of baseline needs assessment information and progress monitoring documentation. You may include charts and graphs if needed.

____________________________________________________________________________________

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____________________________________________________________________________________
**Section I: Completed by Participant**

<table>
<thead>
<tr>
<th>Title of EXTERNAL COURSE</th>
<th>Course Offered by</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date</th>
<th>End Date</th>
<th>Total Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I am a current BCPS employee and have completed all School Board of Broward County requirements for inservice credit for completion of an EXTERNAL COURSE as outlined in the instructions.

Participant Name ___________________________ Personnel Number ________________

Please Print

Participant Signature ___________________________ Location Number _____________ Date ________________

Email Address ___________________________ Current Phone Number ________________

Validity Period (For Instructional Certification purposes only) from ________________ to ________________

Certificate Valid from (mm/dd/yyyy) Certificate Valid to (mm/dd/yyyy)

**Section II: Completed by Supervising Administrator**

The participant should: □ RECEIVE CREDIT for _________ Inservice Points (Total Hours from Implementation Log, Page 7)

I have reviewed the above participant’s work for this EXTERNAL COURSE and verify that the knowledge/skill(s) is/was implemented in the classroom/workplace and had an impact practice and student achievement/job performance as described in the EVALUATION - EXTERNAL COURSE.

Current Supervising Administrator Name ___________________________ Position ___________________________

Please Print

Current Supervising Administrator Signature ___________________________ Date ________________
Section II: Completed by Professional Development Standards and Support (PDSS)

- ☐ DENIED CREDIT – Does not qualify as External Course
- ☐ DENIED CREDIT – Does not meet External Course requirements
- ☐ DENIED CREDIT – More than 60 points earned as External Course within validity period
- ☐ DENIED CREDIT – Not submitted within 12 MONTH of end/completion date
- ☐ DENIED CREDIT – Not a current employee (retired, substitute, charter employee, etc.)
- ☐ DENIED CREDIT – Incomplete application

Database Date: ____________ Scan Number: ____________

- ☐ CREDIT APPROVED – Number of Inservice Points earned: ______

Previous balance of Professional Development Alternatives Inservice Points earned in validity period: ______

Committee Member Reviewer Name: ____________________________________________________________

Please Print

Committee Member Reviewer Signature: _________________________________ Date: ______________

Processed by: _________________________________ Date: ______________

PDSS staff