



Indiana First Steps Independent PD Activity Approval Request

Independent professional development (e.g. reading a book, publishing an article, teaching a class, etc.) requires prior approval for use toward an annual First Steps credential. Submit this form to First Steps at FirstStepsWeb@fssa.in.gov.

Provider & Activity Information	
<input type="text"/>	<input type="text"/>
Provider name	Annual credential date
<input type="text"/>	<input type="text"/>
Agency	Discipline
<input type="text"/>	<input type="text"/>
Phone	Email
<input type="text"/>	<input type="text"/>
Activity	Type of activity
<input type="text"/>	<input type="text"/>
Competency area (list one)	Date of activity
<input type="text"/>	
Additional information (use as needed)	

See page 2 for the required Activity Summary and signature line.

Activity Summary

Please provide a one page summary of the proposed activity, including how it addresses at least one early intervention competency and how it will positively impact your work in First Steps.

Lined writing area for the activity summary.

Provider Signature: _____ Date: _____