

Professional Development Provider AuditActivity List

District Name:	
Contact Person:	
Contact Email & Phone	

Activity	Activity Title		Activity Date	
1				
2	Audit Requirement:			
3	- Each Provider will have 10% or 12 events (whichever is greater) audited			
4	(additional events audited for provid	lers with more tha	n 120 events/ year)	
5	- Once every five years			
6				
7	Submit complete Activity List of events prior to audit (or audit workshop.			
8				
9				
10	From this completed Activity List your			
11	ROE will randomly choose 10% or 12 events (whichever is greater) to audit.			
12	ROE will notify the district of the			
13	selected events.			
14		Bring to worksh	nop for each of	
15		your selected events:		
16		- Sian-In S	heet with IEIN #s	
17		- Evidence of Competition Form (73-58)		
18				
19			- Evaluations (77-21A) or - Summary of Evaluations —	
20		Summar	y or Evaluations	
21				
22				
23				
24				
25	FY19 Audit – Optional Workshop Format			