

## STATE OF NEW HAMPSHIRE DEPARTMENT OF SAFETY

## **Division Of Motor Vehicles**

Driver Education Section 23 Hazen Drive, Concord, NH 03305 603-227-4075

**Director of Motor Vehicles** 

## PROFESSIONAL DEVELOPMENT APPROVAL REQUEST

This form is to assist Driver Education instructors with requesting prior approval for consideration of professional development in accordance with Saf-C 3102.12. Please fill out this form completely and submit it to the address listed above *PRIOR* to participating in an event you wish to have considered toward required professional development hours. You will be notified by email the status of your request. Approval is based upon the following criteria:

Approved college courses, in-service seminars or workshops, institutes or research that is directly related to driver education which will assist in:

Working to expand and improve methods of teaching with educational best practices.

Furthering understanding of how students learn.

Improving and updating lesson plan objectives, activities, and measurements making your program an effective quality driver education program aimed at reducing crashes.

Developing and expanding the advantages of technology to best meet program objectives.

Keeping up-to-date on rules, regulations, and laws surrounding driving and driver education.

Fostering an awareness of habits aimed at risk prevention.

Implementing interdisciplinary traffic safety awareness efforts within my school/community and with other members of highway transportation system.

Please contact the Division of Motor Vehicles, Driver Education Section with any questions at 603-227-4075.

## **APPLICANT INFORMATION:** Name:\_\_\_\_\_ DOB#:\_\_\_\_ Cert #:\_\_\_\_ Email address:\_\_\_\_\_ TYPE OF PROFESSIONAL DEVLOPMENT (circle those that apply): College Course In-service seminar Workshop Research Other:\_\_\_\_\_ DATES OF INSTRUCTION: NUMBER OF HOURS BEING REQUESTED:\_\_\_\_\_ How is this event directly related to driver education?\_\_\_\_\_ How will participating in this event improve the quality of your driver education instruction?\_\_\_\_\_ What changes do you intend to make in your driver education program as a result of the knowledge gained by attending this event?\_\_\_\_\_ I certify the above information to be true and correct to the best of my knowledge. Signature (Cert # if emailed) Date Signed under penalty of unsworn falsification pursuant to RSA 641:3 OFFICIAL USE: APPROVED \_\_\_ DENIED \_\_\_\_ Signature Date