

*Professional Development Documentation*

Name of Provider: **BILL FALK'S SCHOOLS**

Provider/District Registration Number: NJ provider # **2587**

Educator's (coach's) Name: \_\_\_\_\_

Title of Professional Development Activity: **U.S. ALL-STAR TRACK & FIELD and  
CROSS COUNTRY CLINIC**

Description of Professional Development Activity: **Lectures and hands on instruction for coaches**

Date: **December 10-12, 2008**

Location: **Taj Mahal, Atlantic City, NJ**

Presenter(s)/Facilitator(s): **20 different clinicians were on hand presenting clinics**

Number of Actual Professional Development Hours: **13 Hours**

*I certify that the above named educator accrued the indicated number of Professional Development hours.*

**Bill Falk**  
*Bill Falk, Bill Falk's Schools*