



Professional License/Certification Evaluation Form

Professional Development opportunities are at the discretion of the supervisor to ensure the approved training is related to the employee's current job functions and provides benefit to Kennesaw State University. Professional Development opportunities that are associated with a professional license and/or certification must complete the following information for approval from the Office of Fiscal Services.

Please submit the completed form to <https://kennesaw.service-now.com/ofs>

Name: _____

Date: _____

Position Title: _____

Email: _____

1. What is the business purpose of the certification/license request?

Please provide the name of the certification/license and the website address.

2. Is the intention of the request to obtain a professional license or certification?

Yes (Answer questions 3 and 4.)

No (Sign the following statement.)

Please confirm that the business purpose of the professional development request is to enhance the knowledge of the employee's current job responsibilities and for the college/office to stay up to date with current industry trends. The requested courses are associated with a professional license/certification however, the achievement of the license/certification is not the intention of the employee's participation.

Supervisor's Signature: _____

Date: _____

3. Is the professional license and/or certification a requirement of your current job responsibilities?

Yes (Please complete the following statement.)

No (Please provide additional information to identify the professional benefits of this request.)

4. Please provide a statement that describes the benefit of professional license/certification and how it aligns with your current job responsibilities.