



2024-2025 MANDATORY FLEX DAY ACTIVITIES NONCREDIT VERIFICATION

PROCESS

Faculty – Upon completion of Professional Development activities, please submit it to the Professional Development Chair ProDChair@NOCE.edu by May 9, 2025.

- On the first page, list and record the NOCE scheduled activities you attended and total those hours and delete the hours that you did not attend that are pre-populated.
 - On the second page, list and record any individually selected activities you attended and total those hours.
- The FLEX obligation is **20 hours** this academic year.

FACULTY INFORMATION

Last Name:	First Name:

North Orange Continuing Education Program

<input type="checkbox"/> Basic Skills/College Prep/GED/HSDP	<input type="checkbox"/> Disability Support Services (DSS)
<input type="checkbox"/> Career Technical Education (CTE)	<input type="checkbox"/> English as a Second Language (ESL)
<input type="checkbox"/> Counseling and Student Services (CSS)	<input type="checkbox"/> Lifeskills Education Advancement Program (LEAP)

MANDATORY FLEX ACTIVITIES:

I attended the following District, campus, or external approved professional development activities:

FLEX Type	Name of FLEX Event	Ed Code/FLEX Category	Date	Hours
Mandatory Flex Day	2024 Fall NOCE Flex Day	a, b, 2	8/8/24	5
Non-Student Duty Day	Opening Day	b, f, 7	8/9/24	3
Non-Student Duty Day				
Mandatory Flex Day	2025 Spring NOCE Flex Day	a, b, 2	1/9/25	5
Non-Student Duty Day			1/10/25	
AND/OR Absence hours used and reported to the Program Office:				
Total Hours from this Page:				

VERIFICATION SIGNATURE

By signing this verification form, I am confirming my attendance at the above-listed FLEX Day activities.

Faculty Signature:	Date:

2024-2025 MANDATORY INDIVIDUAL SELECTION FLEX ACTIVITY VERIFICATION

ADDITIONAL ACTIVITIES

I attended the following approved Pro D events to fulfill the mandatory individual selection of **20 FLEX hours**:

Date	Activity Title	Training Purpose	FLEX Activity Category	Hours
		Use ED Code Section 87153 Guidelines below		

I designed a unique professional development activity to meet required FLEX hours and criteria (listed below). My signature below confirms this activity led to learning and instruction practices that strengthen student success.

Description of Activity

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Date of Activity	Hours of Activity	Check the category of development below				
<input type="checkbox"/> Program Meeting	<input type="checkbox"/> Ed Initiative	<input type="checkbox"/> Curriculum	<input type="checkbox"/> Program Design	<input type="checkbox"/> Technology	<input type="checkbox"/> Other	

AND/OR Absence hours used and reported to Program Office:

Total of Individual Activity Hours from this Page:

Total Hours from Page 1 & Page 2

Education Code, [Section 87153](#) Training Purposes

- a) Improvement of teaching
- b) Maintenance of current academic and technical knowledge and skills
- c) In-service training for vocation education and employment preparation programs
- d) Re-training to meet changing institutional needs
- e) Intersegmental exchange programs [For example: transitions, retentions, persistence, etc.]
- f) Development of innovations in instructional, administrative techniques, and program effectiveness
- g) Computer and technological proficiency programs
- h) Courses and training implementing affirmative action and upward mobility programs.
- i) Other activities determined to be related to ed. and Professional Development pursuant to criteria established by the Board of Governors of the CA Community Colleges, including but not necessarily limited to programs designed to develop self-esteem.

FLEX Activity Category

- 1. Course instruction and evaluation
- 2. Staff development, in-service training and instructional improvement
- 3. Program and course curriculum or learning resource development and evaluation
- 4. Student personnel services
- 5. Learning resource services
- 6. Related activities, (student advising, guidance, orientation, matriculation services and diversity
- 7. Departmental or division meetings, conferences and workshops, and institutional research
- 8. Other duties as assigned by the District

VERIFICATION SIGNATURE

By signing the verification form, I am confirming attendance and format of Flex activities listed in each section.

Faculty Signature	Date
Program Associate Dean Signature	Date

Return form to Professional Development Chair at ProDChair@NOCE.edu by Friday, May 9, 2025.