

RENEWAL CREDIT VERIFICATION FORM

OPTION 2: SDE CERTIFICATE RENEWAL COURSE

Last Name	First Name	Middle/Maiden
Social Security Number	SC Certificate Number	Certificate Expiration Date
Area(s) of Certification	School	Position
Highest Degree Status	Employer	Date
Masters	Marion County School District	_12_ / _12_ / 2016

Section I: Descriptive Information (To be completed by the educator)

Course Title:
Sponsoring District/Agency:
Dates of Participation:
Number of Renewal Credits Sought: Maximum: Up to 120 renewal credits during the 5-year validity period of the certificate Accrual Rate: One semester hour of earned course credit = 20 renewal credits
Course Description or Objectives:
How does this course relate to your professional growth and development plan or support the goals of the school/district?
Signature of Educator: _____ Date: _____

Section II: Verification and Approval (Must be completed by the District CRP Coordinator prior to certificate renewal)

Verification (Required) <input type="checkbox"/> A form from the course administrator, as required by current SDE guidelines, verifying the educator's successful completion of the course.	
Approved (Required) Have all of the eligibility and verification requirements been satisfied? <input type="checkbox"/> Yes. The educator is eligible to receive _____ renewal credits. <input type="checkbox"/> No.	
Signature District Certificate Renewal Plan Coordinator	Date

*****PLEASE NOTE:** All activities will be reviewed by the CRP Coordinator for final approval and credit. Submission of points does NOT guarantee approval for any activity. Activities participated in are "at your own risk". Pre-approval is NOT required. Please carefully review guidelines, as provided in the matrix, when considering activity participation for points. Please contact the CRP Coordinator if you have questions regarding renewal activities.