

***Educator Licensure Management System
(ELMS)***

Wayne County School District

Teacher's Name _____

Administrator's Name _____

School's Name _____

Continuing Education Units (CEU) or Course/College Hours

Administrator Use Only

<input type="checkbox"/>	Valid	<input type="checkbox"/>	Invalid
<input type="checkbox"/>	Valid	<input type="checkbox"/>	Invalid
<input type="checkbox"/>	Valid	<input type="checkbox"/>	Invalid
<input type="checkbox"/>	Valid	<input type="checkbox"/>	Invalid
<input type="checkbox"/>	Valid	<input type="checkbox"/>	Invalid
<input type="checkbox"/>	Valid	<input type="checkbox"/>	Invalid

Current Expiration Date _____

Administrator Use Only

This teacher has completed the process for licensure renewal. It is my recommendation that the renewal process be **approved**.

Administrator's Signature

This teacher has not satisfactorily completed the process for licensure renewal. It is my recommendation that the renewal process be **denied**. (List reason for denial)

Administrator's Signature