

## Spartanburg School District Four

### Recertification Computation Sheet for Professional Educator's Certificate

Last Name	First Name	M.I.	Birthdate (mm – dd – yyyy)
Social Security # (last 5 digits)	SC Certificate #	Highest Degree	Certificate Validity Period (beginning dates – ending dates)

*\*All points must fall within the certificate validity period.*

OPTION/DESCRIPTION/MAXIMUM POINTS	Ending Date	Administrator's Pre-approval	Points Earned
<b>Option 1: College Credit (120)</b>			
Graduate Course No/Title <span style="float: right;">College</span>			
Graduate Course No/Title <span style="float: right;">College</span>			
<b>Option 2: SDE Certificate Renewal Course (120)</b>			
Course No./Title <span style="float: right;">Location</span>			
Course No./Title <span style="float: right;">Location</span>			
<b>Option 3: District Point Plan for Certificate Renewal (120)</b>			
Activity <span style="float: right;">Location</span>			
Activity <span style="float: right;">Location</span>			
<b>Option 4: Publications (60)</b>			
Title <span style="float: right;">Publisher</span> <span style="float: right;">Date Published</span>			
Title <span style="float: right;">Publisher</span> <span style="float: right;">Date Published</span>			
<b>Option 5: Instruction (60)</b>			
Workshop or Course Title <span style="float: right;">Location</span>			
Workshop or Course Title <span style="float: right;">Location</span>			
<b>Option 6: Professional Training (120)</b>			
Title <span style="float: right;">Sponsoring Organization/ Agency</span>			
Title <span style="float: right;">Sponsoring Organization/ Agency</span>			
<b>Option 7: Professional Assessor/Evaluator (60)</b>			
Type <span style="float: right;">Duties</span>			
Type <span style="float: right;">Duties</span>			
<b>Option 8: Mentorship, Supervision, or Mentoring (60)</b>			
Type			
Type			

OPTION/DESCRIPTION/MAXIMUM POINTS	Ending Date	Administrator's Pre-approval	Points Earned
<b>Option 9: Educational Project, Collaboration, Grant, or</b>			
Type of Project, Collaboration, Grant, or Research			
Type of Project, Collaboration, Grant, or Research			
<b>Option 10: Professional Development Activity (60)</b>			
Title <span style="float: right;">Sponsoring Organization/Agency</span>			
Title <span style="float: right;">Sponsoring Organization/Agency</span>			
<b>Option 11: Professional Development Activity- CEU Credit (120)</b>			
Title			
Title			
<b>Total Renewal Credits Earned &gt; &gt;</b>			

**Please check the following boxes as applicable.**

I give permission for my District Renewal Coordinator to access my certificate records on file at the Division of Teacher Quality (Office of Teacher Certification) in order to retrieve my completed work and apply any qualifying credits toward my renewal.

The Read to Succeed requirement has been met for this renewal cycle.

The Jason Flatt Act requirement has been completed.

**Please check one of the following:**

This completes my renewal credit points for this renewal cycle. Please renew my certificate.

This is a partial submission of renewal credit points. My certificate is not ready for renewal.

Signature of Educator: ----- Date: -----

Signature of Principal: ----- Date: -----

For District Use Only: Entered by ----- Date: -----