

Richmond County Public Schools
Warsaw, VA

APPROVAL OF CLASS/WORKSHOP FOR CERTIFICATE RENEWAL

Name _____

<u>College Class (Credits)</u>	
Name of Class _____	
College/University _____	
Course No. _____	
Graduate Level ___	Undergraduate ___
Content Area ___	Non-content ___
Beginning Date _____	
Completion Date _____	
Number of Credits _____	
Note: Upon completion of the class, please request that an official transcript be sent to the School Board Office.	

<u>Non-Credit Class/Workshop/Project (Points)</u>
Name of Class/Workshop _____
Presenter _____
Beginning Date _____
Completion Date _____
Total Hours _____
Number of Points _____

Recertification Option Number (check one)

- | | |
|--|---|
| <input type="checkbox"/> Option 1: College Credit | <input type="checkbox"/> Option 5: Publication of Book |
| <input type="checkbox"/> Option 2: Professional Conference | <input type="checkbox"/> Option 6: Mentorship/Supervision |
| <input type="checkbox"/> Option 3: Curriculum Development | <input type="checkbox"/> Option 7: Educational Project |
| <input type="checkbox"/> Option 4: Publication of Article | <input type="checkbox"/> Option 8: Professional Development |

All options must receive PRIOR approval except for in-house non-credit workshops.	
Approval given to above named employee to take the class or participate in the workshop/project for the purpose of certificate renewal.	
_____ Superintendent or Designee	_____ Date