

DARLINGTON COUNTY SCHOOL DISTRICT

PGCR Form 1000
Revised 1/25/222

Request to Sponsor Activity/In-District Certificate Renewal Activity Verification Form

PART A: Once activity has been completed, the activity sponsor issues a copy of this form to each participant as verification of participation/completion of activity. Participant must then insure completion of Part A before attaching form as documentation supporting his/her computation sheet.

Name		Sponsor	
Certificate #	Last four digits only of SS# _ _ _ _	Name of Advisor/ Facilitator	

Check or highlight one in each box:

<input type="checkbox"/> Renewal Credit	<input type="checkbox"/> Professional Certificate	<input type="checkbox"/> Initial Certificate
<input type="checkbox"/> Stipend/Compensation	<input type="checkbox"/> Other Type Certificate	
Teacher Signature		Date

PART B: Section B should be completed by the sponsor approving school level credit OR requesting DISTRICT approval for a professional growth activity; all requests for DISTRICT approval should be submitted to the Department of Human Resources. Once the activity has been approved and completed, the sponsor should note the name of the participant and then distribute a copy of the verification form to each participant. *At the completion of a DISTRICT approved Activity, the sponsor should submit a complete alphabetized roster of participants, noting the number of points awarded, and the district assigned activity/project number to Dr. Ayesha Hunter, Director of Personnel.*

The Activity/Project Title, Activity/Project Number and possible points earned should be announced by the facilitator, sponsor, or district grant writer at the beginning of each activity to inform participants.

Activity/Project Title	Number of Contact Hours
Beginning Date	Ending Date
Subject Area	
Target Audience (Mark all that apply)	Pre-K-5 th 6 th -8 th 9 th -12 th Admin. Other:

Activity Renewal Option: (Option 3 not applicable for DCSD; MAX 60 points for each option below, except Option 6*)

<input type="checkbox"/> Option 5 – Instruction	<input type="checkbox"/> Option 8 – Mentor, Supervision, Instructional Coach
<input type="checkbox"/> Option 6 – Professional Training *(Max 120)	<input type="checkbox"/> Option 9 – Educational Project, Collaboration, Grant, or Research
<input type="checkbox"/> Option 7 – Professional Assessor/Evaluator	<input type="checkbox"/> Option 10 – Professional Development Activity

Number of Recertification Credits/Points Earned (for S.C. educator certificate holders) whole numbers >

<input type="checkbox"/> Check here if requested/approved for SCHOOL LEVEL ONLY	<input type="checkbox"/> Check here if requested for DISTRICT LEVEL ONLY
<p>PART B CONTINUED, FOR ASSISTANT SUPERINTENDENT OR DESIGNEE USE ONLY: By signing below the Assistant Superintendent, or designee verifies that this and any attached forms are correct.</p> <p>_____ Signature</p> <p>_____ Title</p> <p>_____ Date</p>	<p>PART C, FOR DEPT. OF HUMAN RESOURCES USE ONLY: SIGNATURE REQUIRED IN ORDER TO ASSIGN DISTRICT APPROVED CREDIT</p> <p>_____ Signature</p> <p>_____ Title</p> <p>_____ Date</p> <p>Activity/Project Number: _____</p>

IMPORTANT: Be sure to keep a copy of this signed verification form and attach it to your Computation Sheet as required documentation for certificate renewal. Insure all information has been provided throughout this document.