

RENEWAL CREDIT VERIFICATION FORM

OPTION 6: PROFESSIONAL TRAINING

(e.g. Science Kits, Reading First, AIMS, Technology, 4-Block)

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 <i>Marion County School District</i>	Date ____/____/____

Section I: Descriptive Information

(To be completed by the educator)

Activity Title:

Sponsoring District or 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 hour of direct participation = 1 renewal credit

1 CEU = 10 hours of direct participation = 10 credits

Description or Objectives of the Training:

How does this training 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)

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A certificate, letter or other official documentation from the activity sponsor verifying the educator's successful completion of the training program and indicating the date(s) and the number of hours of direct participation.

Approved (Required) Have all of the eligibility and verification requirements been satisfied?

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Yes. The educator is eligible to receive ____ renewal credits.

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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.