Renewal Computation Sheet

Last name	First name	M.I.	Grade Level Employed
Social Security # (Last 4)	SC Licensure # (required)	Highest Degree	

OPTION/DESCRIPTION/MAXIMUM POINTS

Course No/Title		Ending Date	Administrator's Preapproval (If required)	Credits Earned
Option 1: College Credit (120)				
Course No./Title	College			
Course No./Title	College			
Option 2: SDE Renewal Course (120)				
Course No./Title	Location			
Course No./Title	Location			
Course No./Title	Location			
Course No./Title	Location			
Option 3: SDE approved CEU credit (120)				
Activity	Location			
Activity	Location			
Option 4: Publications (60)				
Title	Publisher			
Title	Publisher			
Option 5: Instruction (60)				
Workshop or Course Title	Location			
Workshop or Course Title	Location			
Option 6: Professional Training (120)				
Title	Sponsoring Organization/Agency			
Title	Sponsoring Organization/Agency			
Title	Sponsoring Organization/Agency			
Title	Sponsoring Organization/Agency			
Title	Sponsoring Organization/Agency			
Title	Sponsoring Organization/Agency			
Option 7: Professional Assessor/Evaluator (60)				
Type	Duties			
Type	Duties			

Continued on page two…

Course No/Title	Ending Date	Administrator's Preapproval if required	Credits Earned
Option 8: Mentorship, Supervision, or Mentoring (60)			
Type			
Type			
Type			
Type			
Option 9: Educational Project, Collaboration, Grant, or Research (60)			
Type of Project, Collaboration, Grant, or Research			
Type of Project, Collaboration, Grant, or Research			
Type of Project, Collaboration, Grant, or Research			
Option 10: Professional Development Activity (60)			
Title Sponsoring Organization/Agency			
Title Sponsoring Organization/Agency			
Title Sponsoring Organization/Agency			
Title Sponsoring Organization/Agency			
Title Sponsoring Organization/Agency			
Option 11: Professional Development Activity – CEU Credit (120)			
Title			
Title			
Total Renewal Credits Earned > >	0		

☐ **The renewal credit listed on this computation sheet has been reviewed and accepted under the SDE Renewal Credit Plan toward this educator's professional license renewal. The educator maintains the verification for each of these activities, and we request these credits to be entered into the educator's licensure records.**

☐ **The Jason Flatt Act requirement has been satisfied by this educator (mm/yyyy) _____**

Signature of Educator: _____ Date: _____

Signature of Renewal Coordinator: _____ Date: _____