

South Carolina School Districts Recertification Computation Sheet for Professional Educator's Certificate

| | | | |
|------------------------------|-----------------------------|----------------|--|
| Last name | First name | M.I. | Former name if needed |
| Social Security # (optional) | SC Certificate # (required) | Highest degree | *Certificate Validity Period <div style="text-align: right; margin-right: 20px;"> <u> </u>/<u> </u>/<u> </u> to 06/30/<u> </u> </div> |

*All points must fall within the certificate validity period. However, you may include points earned starting May 1st of the beginning validity year.

OPTION/DESCRIPTION/MAXIMUM POINTS

| Course No./Title | Ending Date | Administrator's Preapproval If required | Points Earned |
|---|-------------|---|---------------|
| Option 1: College Credit (120) | | | |
| Graduate Course No./Title College | | | |
| Undergraduate Course No./Title College | | | |
| Option 2: SDE Certificate Renewal Course (120) | | | |
| Course No./Title Location | | | |
| Course No./Title Location | | | |
| Option 3: District Point Plan for Certificate Renewal (120) | | | |
| Activity Location | | | |
| Activity Location | | | |
| Option 4: Publications (60) | | | |
| Title Publisher Date Published | | | |
| Title Publisher Date Published | | | |
| 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 | | | |
| Option 7: Professional Assessor/Evaluator (60) | | | |
| Type Duties | | | |
| Type Duties | | | |
| Option 8: Mentorship, Supervision, or Mentoring (60) | | | |
| Type | | | |
| Type | | | |
| Type | | | |
| Type | | | |
| Continued on page two... | | | |

| Course No./Title | Ending Date | Administrator's Preapproval if required | Points Earned |
|--|-------------|---|---------------|
| Option 9: Educational Project, Collaboration, Grant, or Research (60) | | | |
| 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 | | | |
| Option 11: Professional Development Activity - CEU Credit (120) | | | |
| Title | | | |
| Title | | | |
| Title | | | |
| Title | | | |
| Total Renewal Credits Earned > > | | | |

Please check ONE of the following choices.

- I give permission for my District Renewal Credit Plan Coordinator to access my certificate records on file at the Division of Teacher Quality, Office of Teacher Certification, in order to retrieve my completed course work transcripts to use toward my renewal.
- I do not give permission for my District Renewal Plan Coordinator to retrieve my certification records. I understand that I will be responsible for obtaining an official transcript from the college/university which shows my completed course work that I will use toward the renewal of my certificate.
- I do not currently have college credit on file with the Division of Teacher Quality, Officer of Teacher Certification, to use toward my professional educator's certificate renewal.

Please check one of the following:

This completes my Renewal Credit points for this 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 Administrator: _____ Date: _____