

RENEWAL CREDIT PRE-APPROVAL AND VERIFICATION FORM

OPTION 1: COLLEGE CREDIT

Last Name	First Name	Middle/Maiden
Social Security Number	SC Certificate Number	Area(s) of Certification
Employer		Position

Section I: Descriptive Information (To be completed by the educator)

Course Title:
Institution: (Must be NCATE/regionally accredited or SBE approved)
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 semester hour of earned course credit = 20 renewal credits
Course Description or Objectives:
Justification: If you are currently employed by an educational entity, how does this course relate to your professional growth and development plan? If you are <i>not</i> currently employed by an educational entity, how does this course relate to your area(s) of certification?

Section II: Pre-Approval (Optional for completion by the Director (Dean) or the Renewal Credit Coordinator prior to the educator's participation in the course)

Based on the information provided, is this course an appropriate certificate renewal option for this educator? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature of <i>Director (Dean) or the Renewal Credit Coordinator</i>	Title

Section III: Verification and Approval (Must be completed by the Director (Dean) or the Renewal Credit Coordinator *official prior to or at the time of certificate renewal*)

Verification (Required) <input type="checkbox"/> An official transcript from the college/university is attached; <input type="checkbox"/> this course was taken for credit; and <input type="checkbox"/> the educator received a grade of "pass" (if pass/fail) or a grade of "C" or better.	
Approval (Required) Have all of the eligibility and verification requirements been satisfied? <input type="checkbox"/> Yes. The educator is eligible to receive _____ renewal credits. <input type="checkbox"/> No.	
Signature of <i>Director (Dean) or the Renewal Credit Coordinator</i>	Title

RENEWAL CREDIT PRE-APPROVAL AND VERIFICATION FORM

OPTION 2: SDE CERTIFICATE RENEWAL COURSE

Last Name	First Name	Middle/Maiden
Social Security Number	SC Certificate Number	Area(s) of Certification
Employer		Position

Section I: Descriptive Information (To be completed by the educator)

Course Title: (Must be pre-approved by the SDE)
Sponsoring District/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 semester hour of earned course credit = 20 renewal credits
Course Description or Objectives:
Justification: If you are currently employed by an educational entity, how does this course relate to your professional growth and development plan? If you are <i>not</i> currently employed by an educational entity, how does this course relate to your area(s) of certification?

Section II: Pre-Approval (Optional for completion by the Director (Dean) or the Renewal Credit Coordinator prior to the educator's participation in the course)

Based on the information provided, is this course an appropriate certificate renewal option for this educator? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature of <i>Director (Dean) or the Renewal Credit Coordinator</i>	Title

Section III: Verification and Approval (Must be completed by the Director (Dean) or the Renewal Credit Coordinator *prior to or at the time of certificate renewal*)

Verification (Required) <input type="checkbox"/> A report from the course administrator, as required by current SBE guidelines, verifying the educator's successful completion of the course	
Approval (Required) Have all of the eligibility and verification requirements been satisfied? <input type="checkbox"/> Yes. The educator is eligible to receive _____ renewal credits. <input type="checkbox"/> No.	
Signature of <i>Director (Dean) or the Renewal Credit Coordinator</i>	Title

RENEWAL CREDIT PRE-APPROVAL AND VERIFICATION FORM

OPTION 4: PUBLICATIONS

Last Name	First Name	Middle/Maiden
Social Security Number	SC Certificate Number	Area(s) of Certification
Employer		Position

Section I: Descriptive Information (To be completed by the educator)

Title of Publication
Site:
Name of Journal or Publisher:
Number of Renewal Credits Sought: Maximum: Up to 60 renewal credits during the 5-year validity period of the certificate Accrual Rate: Primary author of book or refereed journal = 60 renewal credits; Primary author of non-refereed journal article = 30 renewal credits; Secondary author of book or article = 15 renewal credits
Synopsis of Publication:
Is this a first time publication? <input type="checkbox"/> Yes <input type="checkbox"/> No
Justification: If you are currently employed by an educational entity, how does this publication relate to your professional growth and development plan? If you are <i>not</i> currently employed by an educational entity, how does this publication relate to the body of knowledge in your area(s) of certification?

Section II: Pre-Approval (Optional for completion by the Director (Dean) or Renewal Credit Coordinator prior to the educator's participation in the instruction or presentation)

Based on the information provided, is this activity an appropriate certificate renewal option for this educator? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature of <i>Director (Dean) or Renewal Credit Coordinator</i>	Title

Section III: Verification and Approval (Must be completed by the Director (Dean) or Renewal Credit Coordinator prior to or at the time of certificate renewal)

Verification (Required) <input type="checkbox"/> Signed documentation from the sponsoring agency verifying the educator's successful completion of their instruction or presentation and indicating the date(s) and the number of hours of direct participation.	
Approval (Required) Have all of the eligibility and verification requirements been satisfied? <input type="checkbox"/> Yes. The educator is eligible to receive _____ renewal credits. <input type="checkbox"/> No.	
Signature of <i>Director (Dean) or Renewal Credit Coordinator</i>	Title

RENEWAL CREDIT PRE-APPROVAL AND VERIFICATION FORM

OPTION 5: INSTRUCTION

(e.g. courses taught at colleges or universities, formal conference presentations)

Last Name	First Name	Middle/Maiden
Social Security Number	SC Certificate Number	Area(s) of Certification
Employer		Position

Section I: Descriptive Information (To be completed by the educator)

Title of Course or Presentation:
Site:
Dates of Course or Conference:
Number of Renewal Credits Sought: Maximum: Up to 60 renewal credits during the 5-year validity period of the certificate Accrual Rate: One semester hour of instruction = 20 renewal credits; One hour presentation = 3 renewal credits (This includes preparation time)
Is this the first time this course/presentation has been offered for credit in this area?
Does this instruction or presentation exceed typical job requirements for your position? <input type="checkbox"/> Yes <input type="checkbox"/> No
Justification: If you are currently employed by an educational entity, how does this activity relate to your professional growth and development plan? If you are <i>not</i> currently employed by an educational entity, how does this activity relate to your area(s) of certification?

Section II: Pre-Approval (Optional for completion by the Director (Dean) or Renewal Credit Coordinator prior to the educator's participation in the instruction or presentation)

Based on the information provided, is this activity an appropriate certificate renewal option for this educator? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature of <i>Director (Dean) or Renewal Credit Coordinator</i>	Title

Section III: Verification and Approval (Must be completed by the Director (Dean) or Renewal Credit Coordinator prior to or at the time of certificate renewal)

Verification (Required) <input type="checkbox"/> Signed documentation from the sponsoring agency verifying the educator's successful completion of their instruction or presentation and indicating the date(s) and the number of hours of direct participation.	
Approval (Required) Have all of the eligibility and verification requirements been satisfied? <input type="checkbox"/> Yes. The educator is eligible to receive _____ renewal credits. <input type="checkbox"/> No.	
Signature of <i>Director (Dean) or Renewal Credit Coordinator</i>	Title

RENEWAL CREDIT PRE-APPROVAL AND VERIFICATION FORM

OPTION 6: PROFESSIONAL TRAINING

Last Name	First Name	Middle/Maiden
Social Security Number - -	SC Certificate Number	Area(s) of Certification
Employer		Position

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
Description or Objectives of the Training:
Justification: If you are currently employed by an educational entity, how does this training relate to your professional growth and development plan? If you are <i>not</i> currently employed by an educational entity, how does this training relate to your area(s) of certification?

Section II: Pre-Approval (Optional for completion by the Director (Dean) or Renewal Credit Coordinator prior to the educator's participation in the training)

Based on the information provided, is this training an appropriate certificate renewal option for this educator? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature of <i>Director (Dean) or Renewal Credit Coordinator</i>	Title

Section III: Verification and Approval (Must be completed by the Director (Dean) or Renewal Credit Coordinator prior to or at the time of certificate renewal)

Verification (Required) <input type="checkbox"/> A certificate 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.	
Approval (Required) Have all of the eligibility and verification requirements been satisfied? <input type="checkbox"/> Yes. The educator is eligible to receive _____ renewal credits. <input type="checkbox"/> No.	
Signature of <i>Director (Dean) or Renewal Credit Coordinator</i>	Title

RENEWAL CREDIT PRE-APPROVAL AND VERIFICATION FORM

OPTION 7: PROFESSIONAL ASSESSOR/EVALUATOR

[e.g., ADEPT Evaluator, Principal Assessor, SACS Evaluator, NCATE Evaluator, NBPTS Evaluator]

Last Name	First Name	Middle/Maiden
Social Security Number	SC Certificate Number	Area(s) of Certification
Employer		Position

Section I: Descriptive Information (To be completed by the educator)

Type of Assessment/Evaluation/Accreditation Activity:
Site:
Dates of Participation:
Number of Renewal Credits Sought: Maximum: Up to 60 renewal credits during the 5-year validity period of the certificate Accrual Rate: One hour of direct participation = 1 renewal credit. Participation on an ADEPT Evaluation Team = maximum 30 credits.
Do you hold certification as an evaluator/assessor in this area?
Does service on this evaluation/assessment/accreditation team exceed typical job requirements for your position? <input type="checkbox"/> Yes <input type="checkbox"/> No
Justification: If you are currently employed by an educational entity, how does this activity relate to your professional growth and development plan? If you are <i>not</i> currently employed by an educational entity, how does this activity relate to your area(s) of certification?

Section II: Pre-Approval (Optional for completion by the Director (Dean) or Renewal Credit Coordinator prior to the educator's participation in the evaluation/assessment process)

Based on the information provided, is this activity an appropriate certificate renewal option for this educator? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature of <i>Director (Dean) or Renewal Credit Coordinator</i>	Title

Section III: Verification and Approval (Must be completed by the Director (Dean) or Renewal Credit Coordinator prior to or at the time of certificate renewal)

Verification (Required) <input type="checkbox"/> Signed documentation from the sponsoring agency verifying the educator's successful completion of all evaluation/assessment team requirements and indicating the date(s) and the number of hours of direct participation.	
Approval (Required) Have all of the eligibility and verification requirements been satisfied? <input type="checkbox"/> Yes. The educator is eligible to receive _____ renewal credits. <input type="checkbox"/> No.	
Signature of <i>Director (Dean) or Renewal Credit Coordinator</i>	Title

RENEWAL CREDIT PRE-APPROVAL AND VERIFICATION FORM

OPTION 8: PROFESSIONAL MENTORSHIP, SUPERVISION, OR COACHING

[e.g., Mentor Teacher, Student Teacher Supervisor, Practicum Student Supervisor, Induction Chair, Dept. Chair]

Last Name	First Name	Middle/Maiden
Social Security Number - -	SC Certificate Number	Area(s) of Certification
Employer		Position

Section I: Descriptive Information (To be completed by the educator)

Type of Mentoring, Supervision, or Coaching Activity:
Site:
Dates of Participation:
Number of Renewal Credits Sought: Maximum: Up to 60 renewal credits during the 5-year validity period of the certificate Accrual Rate: Supervision of Student Teacher = 20 renewal credits. Mentoring for a year = 30 renewal credits; Coaching for Year = 20 credits; Internships = 20 credits;
Did you complete an approved training program in this area? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the mentorship, supervision or coaching activity in this area exceed typical job requirements for your position? <input type="checkbox"/> Yes <input type="checkbox"/> No
Justification: If you are currently employed by an educational entity, how does this activity relate to your professional growth and development plan? If you are <i>not</i> currently employed by an educational entity, how does this activity relate to your area(s) of certification?

Section II: Pre-Approval (Optional for completion by the Director (Dean) or Renewal Credit Coordinator prior to the educator's participation in the evaluation/assessment process)

Based on the information provided, is this activity an appropriate certificate renewal option for this educator? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature of <i>Director (Dean) or Renewal Credit Coordinator</i>	Title

Section III: Verification and Approval (Must be completed by the Director (Dean) or Renewal Credit Coordinator prior to or at the time of certificate renewal)

Verification (Required) <input type="checkbox"/> Signed documentation from the sponsoring agency verifying the educator's successful completion of all evaluation/assessment team requirements and indicating the date(s) and the number of hours of direct participation.	
Approval (Required) Have all of the eligibility and verification requirements been satisfied? <input type="checkbox"/> Yes. The educator is eligible to receive _____ renewal credits. <input type="checkbox"/> No.	
Signature of <i>Director (Dean) or Renewal Credit Coordinator</i>	Title

RENEWAL CREDIT PRE-APPROVAL AND VERIFICATION FORM

OPTION 9: EDUCATIONAL PROJECT, COLLABORATION, GRANT OR RESEARCH

Last Name	First Name	Middle/Maiden
Social Security Number	SC Certificate Number	Area(s) of Certification
Employer		Position

Section I: Descriptive Information (To be completed by the educator)

Type of Project, Collaboration, Grant or Research:
Site:
Dates of Participation:
Number of Renewal Credits Sought: Maximum: Up to 60 renewal credits during the 5-year validity period of the certificate Accrual Rate: One hour of direct participation = 1 renewal credit Maximum for each activity within this option: 30 renewal credits
Do you hold certification in the area related to this project, collaboration, grant or research?
Does this activity exceed typical job requirements for your position? <input type="checkbox"/> Yes <input type="checkbox"/> No
Justification: If you are currently employed by an educational entity, how does this activity relate to your professional growth and development plan? If you are <i>not</i> currently employed by an educational entity, how does this activity relate to your area(s) of certification?

Section II: Pre-Approval (Optional for completion by the Director (Dean) or Renewal Credit Coordinator prior to the educator's participation in the evaluation/assessment process)

Based on the information provided, is this activity an appropriate certificate renewal option for this educator? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature of <i>Director (Dean) or Renewal Credit Coordinator</i>	Title

Section III: Verification and Approval (Must be completed by the district/agency official prior to or at the time of certificate renewal)

Verification (Required) <input type="checkbox"/> Signed documentation from the sponsoring agency of the project, collaboration, grant or research verifying the successful completion of the activity and indicating the date(s) and the number of hours of direct participation.	
Approval (Required) Have all of the eligibility and verification requirements been satisfied? <input type="checkbox"/> Yes. The educator is eligible to receive _____ renewal credits. <input type="checkbox"/> No.	
Signature of <i>Director (Dean) or Renewal Credit Coordinator</i>	Title

RENEWAL CREDIT PRE-APPROVAL AND VERIFICATION FORM

OPTION 10: PROFESSIONAL DEVELOPMENT ACTIVITY (Non – CEU Credit)

[e.g., conferences, workshops, task forces]

Last Name	First Name	Middle/Maiden
Social Security Number - -	SC Certificate Number	Area(s) of Certification
Employer		Position

Section I: Descriptive Information (To be completed by the educator)

Type of Professional Development Activity:
Site:
Dates of Participation:
Number of Renewal Credits Sought: Maximum: Up to 60 renewal credits during the 5-year validity period of the certificate Accrual Rate: One hour of direct participation = 1 renewal credit
Activity Description or Objectives:
Does this activity exceed typical job requirements for your position? <input type="checkbox"/> Yes <input type="checkbox"/> No
Justification: If you are currently employed by an educational entity, how does this activity relate to your professional growth and development plan? If you are <i>not</i> currently employed by an educational entity, how does this activity relate to your area(s) of certification?

Section II: Pre-Approval (Optional for completion by the Director (Dean) or Renewal Credit Coordinator prior to the educator's participation in the evaluation/assessment process)

Based on the information provided, is this activity an appropriate certificate renewal option for this educator? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature of <i>Director (Dean) or Renewal Credit Coordinator</i>	Title

Section III: Verification and Approval (Must be completed by the district/agency official prior to or at the time of certificate renewal)

Verification (Required) <input type="checkbox"/> Signed documentation from the sponsoring agency of the project, collaboration, grant or research verifying the successful completion of the activity and indicating the date(s) and the number of hours of direct participation.	
Approval (Required) Have all of the eligibility and verification requirements been satisfied? <input type="checkbox"/> Yes. The educator is eligible to receive _____ renewal credits. <input type="checkbox"/> No.	
Signature of <i>Director (Dean) or Renewal Credit Coordinator</i>	Title

RENEWAL CREDIT PRE-APPROVAL AND VERIFICATION FORM

OPTION 11: PROFESSIONAL DEVELOPMENT ACTIVITY (CEU Credit)

[e.g., conferences, workshops, task forces]

Last Name	First Name	Middle/Maiden
Social Security Number - -	SC Certificate Number	Area(s) of Certification
Employer		Position

Section I: Descriptive Information (To be completed by the educator)

Type of Professional Development Activity: (attach agenda)
Site:
Dates of Participation:
Number of Renewal Credits Sought: Maximum: Up to 60 renewal credits during the 5-year validity period of the certificate Accrual Rate: 1 CEU = 10 renewal credits
Activity Description or Objectives:
Does this activity exceed typical job requirements for your position? <input type="checkbox"/> Yes <input type="checkbox"/> No
Justification: If you are currently employed by an educational entity, how does this activity relate to your professional growth and development plan? If you are <i>not</i> currently employed by an educational entity, how does this activity relate to your area(s) of certification?

Section II: Pre-Approval (Optional for completion by the Director (Dean) or Renewal Credit Coordinator prior to the educator's participation in the evaluation/assessment process)

Based on the information provided, is this activity an appropriate certificate renewal option for this educator? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature of <i>Director (Dean) or Renewal Credit Coordinator</i>	Title

Section III: Verification and Approval (Must be completed by the district/agency official prior to or at the time of certificate renewal)

Verification (Required) <input type="checkbox"/> Signed documentation from the sponsoring agency of the project, collaboration, grant or research verifying the successful completion of the activity and indicating the date(s) and the number of hours of direct participation.	
Approval (Required) Have all of the eligibility and verification requirements been satisfied? <input type="checkbox"/> Yes. The educator is eligible to receive _____ renewal credits. <input type="checkbox"/> No.	
Signature of <i>Director (Dean) or Renewal Credit Coordinator</i>	Title