

# 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 <b>06/30/</b><u>   </u> </div>

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

**OPTION/DESCRIPTION/MAXIMUM POINTS**

Course No./Title	Ending Date	Administrator's Preapproval If required	Points Earned
<b>Option 1: College Credit (120)</b>			
Graduate Course No./Title	College		
Undergraduate Course No./Title	College		
<b>Option 2: SDE Certificate Renewal Course (120)</b>			
Course No./Title	Location		
Course No./Title	Location		
<b>Option 3: District Point Plan for Certificate Renewal (120)</b>			
Activity	Location		
Activity	Location		
<b>Option 4: Publications (60)</b>			
Title	Publisher	Date Published	
Title	Publisher	Date Published	
<b>Option 5: Instruction (60)</b>			
Workshop or Course Title	Location		
Workshop or Course Title	Location		
<b>Option 6: Professional Training (120)</b>			
Title	Sponsoring Organization/Agency		
Title	Sponsoring Organization/Agency		
<b>Option 7: Professional Assessor/Evaluator (60)</b>			
Type	Duties		
Type	Duties		
<b>Option 8: Mentorship, Supervision, or Mentoring (60)</b>			
Type			
Type			
Type			
Type			
Continued on page two...			

Course No./Title	Ending Date	Administrator's Preapproval If required	Points Earned
<b>Option 9: Educational Project, Collaboration, Grant, or Research (60)</b>			
Type of Project, Collaboration, Grant, or Research			
Type of Project, Collaboration, Grant, or Research			
<b>Option 10: Professional Development Activity (60)</b>			
Title <span style="float: right;">Sponsoring Organization/Agency</span>			
Title <span style="float: right;">Sponsoring Organization/Agency</span>			
<b>Option 11: Professional Development Activity - CEU Credit (120)</b>			
Title			
Title			
Title			
Title			
<b>Total Renewal Credits Earned &gt; &gt;</b>			

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:

<input type="radio"/> This completes my Renewal Credit points for this cycle. Please renew my certificate.	<input type="radio"/> This is a partial submission of Renewal Credit points. My certificate is not ready for renewal.
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Signature of Educator: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Administrator: \_\_\_\_\_ Date: \_\_\_\_\_