

Certificate Renewal Credit Plan Request for Pre-Verification of Renewal Credit

Part A: To be completed by Teacher Educator or Master Teacher:

| Name | | Date | | |
|--|--|-----------------------|---|-----------------------------------|
| SC Certificate # | | Certification Area(s) | | |
| Activity Renewal Option (Check one below) Note: Option 3 District Point Plan (N/A) | | | | |
| □ Option 1 College Credit | ☐ <i>Option 2</i> SDE C Renewal Course | ertificate | | on 4 Publication |
| □ Option 5 Instruction | ☐ <i>Option 6</i> Professional Training | | | on 7 Professional or/Evaluator |
| ☐ Option 8 Mentor, Supervisor, Instructional Coach | □ <i>Option 9</i> Educational Project, Collaboration, Grant, or Research | | □ <i>Option 10-11</i> Professional Development Activity | |
| Location | Date(s) of Participation: | | Estimated # of renewal credits: | |
| Activity Description or Objectives (attach documentation if applicable): | | | | |
| Does this activity exceed typical job requirements for your position? \square Yes \square No | | | | |
| Justification: How does activity relate to your professional growth and development plan? | | | | |
| Part B: Pre-Verification to be completed by Renewal Plan Coordinator: | | | | |
| Based on the information provided, is this activity an appropriate certificate renewal option for this educator? | | | | |
| If no, why not? | | | | |
| Signature of Renewal Plan Coordinator | | | | Date |