

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;"> _ / _ / to 06/30/ </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...			

Option 8: Supervision or Mentoring (60)			
Type			
Type			
Type			
Option 9: Project, Grant or Research (60)			
Type of Project, Grant or Research			
Type of Project, 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			

Total Renewal Credits Earned >>			
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The renewal credit listed on this computation sheet has been reviewed and accepted under the SDE Renewal Credit Plan toward this educator's professional certificate renewal.

Signature of Educator _____ Date _____

Signature of Supervisor _____ Date _____

For grades 5-12: Attach the certificate of completion of the Jason Flatt Act.

TECHNOLOGY PROFICIENCY:

_____ has demonstrated proficiency with the use of instructional technology in the classroom, as well as within the scope of his/her responsibilities.

Principal signature

School

Date