

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

Last Name	First Name, Middle Initial	Former Name (if applicable)
Social Security Number (Optional)	SC Certificate Number (required)	Highest Degree

Course Number/Title	Ending Date	Administrator's Pre - approval (if required)	Points Earned
<b>Option 1: College Credit (120)</b>			
Course Number/Title <span style="float: right;">College</span>			
Course Number/Title <span style="float: right;">College</span>			
<b>Option 2: SDE Certificate Renewal Courses (120)</b>			
Course Number/Title <span style="float: right;">Location</span>			
Course Number/Title <span style="float: right;">Location</span>			
<b>Option 3: District Points for Certificate Renewal NO LONGER AVAILABLE</b>			
<b>Option 4: Publications (60)</b>			
Title <span style="float: right;">Publisher <span style="float: right;">Date Published</span></span>			
<b>Option 5: Instruction (60)</b>			
Workshop/Course Title <span style="float: right;">Location</span>			
Workshop/Course Title <span style="float: right;">Location</span>			
<b>Option 6: Professional Training (120)</b>			
Title <span style="float: right;">Sponsoring Organization/Agency</span>			
Title <span style="float: right;">Sponsoring Organization/Agency</span>			
<b>Option 7: Professional Assessor/Evaluator (60)</b>			
Type <span style="float: right;">Duties</span>			
Type <span style="float: right;">Duties</span>			

<b>Option 8: Supervision, or Mentoring (60)</b>			
Type			
Type			
Type			
Type			
<b>Option 9: Project, Grant, or Research (60)</b>			
Type of Project, Grant, or Research			
Type of Project, Grant, or Research			
<b>Option 10: Professional Development Activity (60)</b>			
Title Organization/Agency	Sponsoring		
Title Organization/Agency	Sponsoring		
<b>Option 11: Professional Development Activity CEU Credit (120)</b>			
Title			
Title			
Title			

<b>Total Renewal Credits Earned &gt; &gt;</b>			
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<p><b>Please check ONE of the following options:</b></p> <p>_____ I give permission for my District Renewal Credit Plan Coordinator to access my certificate records on file at the Division of Educator Quality, Office of Educator Certification in order to retrieve and/or document all credits to be used towards my renewal.</p> <p>_____ 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 official transcripts from any college/university to show my completed course work that I will use toward the renewal of my certificate.</p> <p>_____ I do not currently have college credit on file with the Division of Educator Quality, Office of Educator Certification, to use toward my professional educator's certificate renewal.</p>
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**Signature of Educator:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Supervisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_