RENEWAL CREDIT VERIFICATION FORM

OPTION 1: COLLEGE CREDIT

Last Name	First Name	Middle/Maiden
Social Security Number	SC Certificate Number	Certificate Expiration Date
Area(s) of Certification	School	Position
Highest Degree Status	Employer *Marion County School District*	Date _____ / _____ / _____

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:

How does this course relate to your professional growth and development plan or support the goals of the school/district?

Signature of Educator:_____ **Date:**_____

Section II: Verification and Approval (Must be completed by the District CRP Coordinator prior to certificate renewal)

Verification (Required)
- [ ] An official transcript from the college/university is attached;
- [ ] This course was taken for credit; and
- [ ] The educator received a grade of "pass" (if pass/fail) or a grade of "C" or better.

Approved (Required) Have all of the eligibility and verification requirements been satisfied?
- [ ] Yes. The educator is eligible to receive _____ renewal credits.
- [ ] No.

Signature District Certificate Renewal Plan Coordinator	Date

***PLEASE NOTE:** All activities will be reviewed by the CRP Coordinator for final approval and credit. Submission of points does NOT guarantee approval for any activity. Activities participated in are "at your own risk". Pre-approval is NOT required. Please carefully review guidelines, as provided in the matrix, when considering activity participation for points. Please contact the CRP Coordinator if you have questions regarding renewal activities.