

# RENEWAL CREDIT VERIFICATION FORM

## OPTION 4: PUBLICATIONS

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 School District One	Date ____/____/____

### Section I: Descriptive Information (To be completed by the educator)

Title of Publication:

Name of Journal or Publisher:

Dates of Acceptance for Publication:

Number of Renewal Credits Sought:

Maximum: Up to 60 renewal credits during the 5-year validity period of the certificate

Accrual Rate: Primary author of book or refereed journal article = 60 renewal credits

Primary author of non-refereed journal article = 30 renewal credits

Secondary author of book or article = 15 renewal credits

Synopsis of Publication:

Is this a first-time publication? ☐ Yes ☐ No

How does this publication 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)

☐ Official verification from the publisher of acceptance for publication, including the date of acceptance.

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.