

Teacher Licensure Renewal — Cover Sheet

Name: _____

Submitting Date: _____

Address: _____

Signature: _____

License(s) Held: _____

License Expiration: _____

File Number: _____

	Date	Activity – identify by name/title below *Attach a Clock Hour Approval Application Form for each activity with evidence	Pre-Approval	Post-Approval	Activity Addressed <small>(AC, PBI, RP, MI, S, EL, CC)</small>	Activity Category <small>(A-D, E-I)</small>	Clock Hours Requested
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

AC=Accommodations, Modifications, Adaptations of Curricula, Materials, & Strategies | PBI=Positive Behavior Interventions | RP=Reading Preparation
MI=Key Warning Signs of Early-Onset Mental Illness Prevention | S=Suicide Prevention | EL=English Learners | CC=Cultural Competency

Subtotals: _____ A-D (minimum of 90) _____ E-I (maximum of 35) Accepted Activities Addressed: ___AC ___PBI ___RP ___MI ___S ___EL ___CC
Local Committee Action _____ Approved/ _____ Not Approved Reason if not approved: _____
Total Clock Hours: _____ Date: _____ Continuing Ed Rep Signature: _____