

## EdVisions Cooperative CONTINUING EDUCATION/RELICENSURE MASTER RECORD FORM

This form must accompany your application for relicensure. You may make copies of the form as necessary.

Name \_\_\_\_\_ File Folder# \_\_\_\_\_

Area(s) of Licensure \_\_\_\_\_ Year Lic. Exp \_\_\_\_\_

Current Licensure: from \_\_\_\_\_ to \_\_\_\_\_.

Date of Activity	Category A-I	Title/Description	Required Hours per category:							Office Use Only		
			15 Towards 15 hrs licensure area	15 Towards 15 hrs TPP and PBL	2 Key warning sign	2 Accom/Standards	2 Positive Behavior	2 Technology	2 Reading	Clock Hours for this Activity	Initials	
<b>Total Clock Hours Earned During Relicensure Period:</b>												

**Committee Only:**  
 Areas Covered: \_\_\_\_\_ Missing: \_\_\_\_\_  
 Reflection: \_\_\_\_\_ ELL \_\_\_\_\_ Full renewal  
 Granted: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_