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 _____.

		Required Hours per category:	**15**	**15**	**1**	**1**	**2**	**2**	**2**	**2**	**Office Use Only**	
Date of Activity	**Category A-I**	**Title/Description**	**Towards 15 hrs licensure area**	**Towards 15 hrs TPP and PBL**	**Key Warning Sign**	**Suicide Prevent**	**Accom/standards**	**Positive Behavior**	**Technology**	**Reading**	**Clock Hours for this Activity**	**Initials**
		Total Clock Hours Earned During Relicensure Period:										

Committee Only:
Areas Covered:_____ Missing:_____
Reflection: _____ELL ____ Full renewal
Granted:____Date: _____
Signature: _____

EdVisions
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